## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



## FLORIDA DEPARTMENT OF STATE

ANNL	NUAL REPORT Secretary of DIVISION OF CORP			Stale		Secretary of State		
	MENT # P970 SON BUSINESS CONS	00024511 ULTING, INC.	(2)					
Principal Place of Business 2694 D. NORTH ALBATROSS ROAD DELRAY BEACH FL 33444			Mailing Address 2694 D. NORTH ALBATROSS ROAD DELRAY BEACH FL 33444			DO NOT WRITE IN THIS SPACE		
2. Principal P 21 Suite, Apt	lace of Business	2a. Mailing Addre 26 Suite, Apl #,				3. Date Incorporated or Qualified  03/17/1997  4. FEI Number  05-075 / 882   Applied For   Not Applicable    \$8,75 Additional		
City & State		City & State				5. Certificate of Status Desired Fee Require  6. Election Campaign Financing \$5.00 May Be	l	
<b>23</b> Zip	Country	<b>28</b> Zip		оыпtry		Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible		
24 •	25 9. Name and Address of C	29 urrent Registered Agent	30	Τ		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
THOM <b>PS</b> ON, MICHAEL D 26 <b>34 D.</b> NORTH ALBATROSS ROAD DELRAY BEACH FL 33444				L		ciress (P.O. Box Number is Not Acceptable)		
SIGNATURE	M Martin de	and the				poration submits this statement for the purpose of changing its registered from's board of directors. I hereby accept the appointment as registered gred where reinstating).		
12.		S AND DIRECTORS	13	l,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Ì	
NAME STREET ADDRESS	PD THOMPSON, MICHAEL D 2694 D. NORTH ALBATR	OSS ROAD	1.2 1.3	TITLE NAME STREET ADDE	ESS	Change Addition		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DELRAY BEACH FL 3344 STD THOMPSON, MATTHEW 7101 DRYDEN COURT	D 061	FTE 2.1 2.2 2.3	CITY-S1-ZIP TITLE NAME STREET ADDR	- · · ·	Change Addition	_	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BOYNTON BEACH FL 33	<b>462</b> □ DEI	FTF 3.1 3.2 3.3	CITY-ST-ZIF TITLE NAME STREET ADDE	fss	☐ Change ☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS	•	D£1	E TE 4.1 4.2 4.3	CITY-ST-ZIE TITLE NAME STREET ADDE		Sange Addition		
TITLE NAME STREET ADDRESS		☐ DE	EYE 5.1 5.2 5.3	CHY-ST-ZIP THLE NAME STHEET ADDR	ESS	☐ Change ☐ Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DEL	ETE 6.1 6.2 6.3	CHY+ST-ZIP TITLE NAME STREET ADDE CHY+ST-ZIP	ESS	SOCION CONTROL Change Addition Control		
GHY-SI-ZIP			■ 6.4	LITY-ST-7P	1	· · · · · · · · · · · · · · · · · · ·		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607. Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachmost with an address.

K/11-706-3555

**FILED** 

Jun 17 1998 8:00am