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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # EDITPOINT, INC.

P97000026599 (5)

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			, janitant jid reitt edatt allter anertt antit fatte fille Atille falle iftie iffile	
5308 JEFFER		5308 JEFFERSON ST				
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					03/19/1997	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			650724923 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$0.75 A 440	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	.,		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24 25 29 9. Name and Address of Current Registered Agent			30		Personal Property Tax due June 30. Yes No	
- CH	 	ont riegistered Agent	81	Name	10. Name and Address of New Registered Agent	
SHANK, TIMOTHY J 5308 JEFFERSON ST			"	Name		
	LLYWOOD FL 33021		82 Street Addi		ddress (P.O. Box Number is Not Acceptable)	
nu	LI 11000 FL 33021		83			
			64	1		
			84	City	85 Zip Code	
11 Pursuant t	o the provisions of Sections 607.05	02 and 607 1508 Florida Statut	oc the abou	u nomed s	FL S Z D Course Corporation submits this statement for the purpose of changing its registered	
OTHER OF FE	apistereo apent, or both, in the Stat	e of Florida. Such change was a	authorized b	ov the coroo	oration's board of directors. I hereby accept the appointment as registered	
agent. Far	n familiar with, and accept the obliq	gations of, Section 607.0505, Flo	orida Statute	es.	• • • • • • • • • • • • • • • • • • • •	
SIGNATURE :	Signature, typed or printed name of registered ag	TOM and title if anylicuble (NOT	F: Bogistered Ac	Ant signature of	equired when reinstating) DATE	
12.	·	ND DIRECTORS	13.	pont orginal or o in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	SHANK, TIMOTHY J		1.2 NAME			
STREET ADDRESS	5308 JEFFERSON ST		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-	ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	· •		2.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME	i		
STREET ADDRESS			3 a stree	T ADDRESS		
CITY-ST-ZIP			3.4. CITY -	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		Dr. eve	4.4 CITY - S	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	- 1		
STREET ADDRESS				r address		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S	ST-ZIP		
		רו הנרנונ	6.1 TITLE		☐ Change ☐ Addition	
NAME DIRECT ADDRESS			6.2 NAME			
STREET ADDRESS			6.3 STREET		,	
CITY-ST-ZIP	ortify that the information supplied w	with this filing does not qualify to	6.4 CITY-S	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated o	n this annual report of supplement	al annual report is true and acci	urate and th	at my siana	surgerish to (15)(), Florida Statutes. Histrier certify that the information alture shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 or	Block 13 if changet, or on an atta	chment with an address.	ANDUGIO IIIIS	roport as It	oguiros by chapter out, rilonda statutes; and that my name appears in	