4.27.98 B. 5662 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

FILED Apr 27 1998 8:00am Secretary of State

1	MENT # P9700 STATE CLOSING SERVICE	•		
Principal Place	e of Business	Mailing Address		
8970 YEARLING DRIVE 8970 YEARLING DRIVE LAKE WORTH FL 33467 LAKE WORTH FL 33467				DO NOT WRITE IN THIS SPACE
⊢ ¬ '	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1997 4. FEI Number Applied For Not Applied For
Suite, Apt.	# oto	Suite, Apt. #, etc.		
22 Soite, Apr.	#, etc.	27		5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State	9	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
<u></u>	9, Name and Address of Curre	nt Registered Agent	nd North	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED B1 Name 1			LISA PALMA	
			82 Street Add	ress (P.O. Box Number is Not Acceptable)
0	CORAL GABLES FL 33134			22 16 44 4 4 4 4 4 4
l			847	D YEARUNG DR
			84 City	Ke WORTH FL 185 33467
SIGNATURE	to the provisions of Sections 607 056 egistered agent, or both, in the State of familiar with, and accept the oblight of the state of t	Jalma	es, the above-named corpora authorized by the corpora orida Statutes. F. Registered Agent signature requi-	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered 4/24/98 3/17/48/24
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Palma, Lisa P		1.2 NAME	
STREET ADDRESS	8970 YEARLING DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
HAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
TITLE NAME			3.2 NAME	
1			1	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	·····	DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addition
1			1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplier entitle 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS