CR2E034 (5/98)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED			
	NACTION 4	970000385	70 (2)			98 OCT 14 PM	2:18	
	NIUM WORLD ON		,			SECRETARY OF TALLAHASSEE, F	STATE LORIDA MINIMUMINIMUM	
Principal Plac	ce of Business	Mailing .	Address				100 11401 10101 0114 1401 001 101	
215 S OLIVE AVE 215 S OLIVE AVE								
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			1		DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified		
						04/28/1997	1. 26	
2. Principal f	Place of Business	2a. Maiti	ng Address			4. FÉI Number	Applied For Not Applicable	
Suite, Apt	#, etc.	1 '	. Apt. #, etc.			t Codificate of District Desired	\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & Sta	ite	City	& State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Countr 25	ry Zip 29		Country	,	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible	
71		ess of Current Registered				10. Name and Address of New Register		
	rtz, john			81 Na	me			
	S MILITARY TRAIL			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable)	- · · · · · · · ·	
WES	ST PALM BEACH FL	33415		83				
				84 Cit	У		85 Zip Code	
office or	registered agent, or bot	h, in the State of Florida. Su	ich change was auf	thorized by the i	ed corpora corporatio	ation submits this statement for the purpose of n's board of directors. I hereby accept the ap	f changing its registered pointment as registered	
•		cept the obligations of, sect	ion 607.0505, Flori	da Statules.				
SIGNATURE	Signature, typed or printed name	e of registered agent and title if applica		Registered Agent si	gnalure requi			
12. TITLE	T	DEFICERS AND DIRECTOR	r- n	13. 11 THEE	 :مار	ADDITIONS/CHANGES TO OFFICERS	Change Addition	
NAME	D KURTZ, JOHN		L. DELETE	1.2 NAME		mes w. Read	Change [Qr Addition	
STREET ADDRESS		}		1.3 STREET ADDR		go FARMING ton Circle		
CITY-ST-ZIP	WEST PALM BEAC			1.4 CITY-ST-ZIP		ellington, FL 37414	the state of the s	
TITLE			DELETE	2.1 TITLE		e President	Change Addition	
NAME				2.2 NAME 2.3 STREET ADDR		hristopher N. Kroka (Seville Rd.		
STREET ADDRESS CITY-ST-ZIP				2.4 City-St-ZiP		PB, FL 32405		
TITLE	-	•	DELETE	3.1 TITLE	- 1		Change Addition	
NAME				3.2 NAME		99200002	5992R	
STREET ADDRESS				3.3 STREET ADDR	ESS	-10/16/98-	-01106022 -	
CITY-ST-ZIP TITLE			[]	3.4 CITY-ST-ZIP		<u> </u>	Change Addition	
NAME			[DELETE	4.2 NAME			Change [] Adollon	
STREET ADDRESS				4.3 STREET ADDR	E SS			
CITY-ST-ZIP	<u> </u>			4.4 CITY-ST-ZIP				
TITLF			DELETE	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS CITY-ST-ZIF				5.3 STREET ADDRI 5.4 CITY-ST-ZIP	199		_	
TITLE	-		DELETE	6.1 THLE			Change Alario	
NAME				6.2 NAME			(A, \	
STREET ADDRESS				6.3 STREET ADDR	ESS		(7)	
CITY-ST-ZIP	1	s cusuliad with this files doe	a not avaldy for the	6.4 City-St-ZiP		on 119 07(3)(i) Florida Statutes I further certi	du that the inferred for	

I notety certify that the information supplied with this hing does not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is reported annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 appendiress.