FILE NOW: FILING FEE IS & 150.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JUN 12 AM 9:58

1. Corporatio	Name RAH A. B	,		UUS	9421 (7)					
Principal Plac	ea of Busines		M	Mailing Address							
•											
2700 WEST ATLANTIC BLVD. SUITE 215				2700 WEST ATLANTIC BLVD. Suite 215						3. Date Incorporated or Qualified	
POMPANO BEACH FL 33069				POMPANO BEACH FL 33069						05/02/1997	
										4. FEI Number Applied For	
2. Principal P	Place of Rusi	inass		2a. Mailing Address						Not Applicable	
11			⊢	26					5. Certificate of Status Desired See Required Fee Required		
	Suite, Apt. #, etc.			Suite, Apt. #, etc.						6. Election Campaign Financing \$5.00 May Be	
22				27	27					Trust Fund Contribution Added to Fees	
City & Stat	le				City & State					7. Is this nonprofit corporation a homeowners association?	
23	3				28					☐ Yes ☐ No	
Zip			intry	\vdash	Zip	Count	lry			8. This corporation owes or has paid the current year Intangible	
24			drage of Curren		29 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Current Registered Agent							Name		10. Name and Address of New Registered Agent	
DOOUAL	BROWN, JAMES E JR										
							Street Address (P.O. Box Number is Not Acceptable)				
2700 WEST ATLANTIC BLVD. Suite 215					63						
POMPANO PEACH EL 22000							1				
FORM AND BEACHTE BOOKS							4	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered											
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE			, ,								
	Signaturo, typed	for ponted r	same of registered age				gor	nt signature i	beniuper	1 when reinstating) DATE	
12.	TITLE OFFICERS AN				DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	
NAME					Detrete	1.1 TITLI		ľ	PD		
STREET ADDRESS							1.2 NAME 1.3 STREET ADDRESS			BORAH A BROWN DO W ATLANTIC BLUD SUITE 215	
CITY-ST-ZIP						1.4 CITY-ST-ZIP		Dat	MPANO BUACH, FL 33068		
TITLE					DELETE	2.1 TITLE				Change Maddillo	
NAME	.ME				_		2.2 NAME			MES & RROWN JR	
STREET ADDRESS	REET ADDRESS				235			23 STREET ADDRESS 27		MES E BROWN, JR, BOUD SUITE 215	
CITY-ST-ZIP	CITY-ST-ZIP						2. 4 CITY - ST - ZIP			MPANO BEACH FL 33669	
TITLE				DELETE		3.1 TITLE		, 5	☐ Change ☐ Additio		
NAME						3.2 NAM	E	- 1			
STREET ADDRESS						3.3 STRE	ET /	ADDRESS			
CITY-ST-ZIP				3 4. CI			T-ZIP				
TITLE					☐ DELETE	4.E TITLE				Change	
NAME					4. 2 N					-06/12/9801024018	
STREET ADDRESS						4.3 STREET A				****150,00 ****150,00	
CITY-ST-ZIP							CITY-ST-ZIP			☐ Change ☐ Additio.	
TITLE					L.J DELETE	5.1 TITLE				☐ cusufis ☐ vdo·uor	
NAME REPORT ADDRESS						5.2 NAM		ADDOCOO			
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP TITLE	- -			_	DELETE	5.4 CITY 6.1 TITLE	_	- 211		Change Addition	
NAME					- Openie	6.2 NAM				$\mathcal{N}_{\mathcal{N}}$	
STREET ADDRESS						6.3 STRE		ADDRESS			
CITY-ST-ZIP						6.4 CITY		- 1		(0)	

14. 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 supplied 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE.