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

	MENT # P9700 PERFORMANCE OF SOUTI		5)		
Principal Place of Business Mailing Address				·	
12226 ROCKLEDGE CIRCLE 12226 ROCKLEDGE CIRC			RCLE		
BOCA RATON FL 33428 BOCA RATON FL 33426					DO NOT WINTE IN THE ODAOS
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/08/1997
2. Principal Place of Business 2a, Mailing Addre					4. FEI Number Applied For
21		<u></u> ⊢1	26		65-0750839 Not Applicable
		Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
27		~			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country		Cour	doc	Trust Fund Contribution Added to Fees
24 ZIP	<u> </u>		30	io y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
E4	g, Name and Address of Curre	29 ent Registered Agent	1901		10. Name and Address of New Registered Agent
RF	CKETT, SUSAN J			81 Name	
	226 ROCKLEDGE CIRCLE		-	82 Street	et Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33428			ĺ	5ii bet	R Address (F.O. Dox Normber is Not Acceptable)
			[83	
			}	84 City	85 Zip Code
			Ī		FL T
office or a agent. I a	to the provisions of Sections 607.0; egistered agent, or both, in the Stat im familiar with, and accept the obli	502 and 607,1508, Florida State of Florida. Such change waigations of, Section 607,0505,	lules, the ab is authorized Florida Statu	ove-named by the cor ites.	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered a			Agent signature	ure required when reinstating) DATE
12. Tifle	OFFICERS AND DIRECTORS DELETE		13.	г	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NÁME	BECKETT, SUSAN J		1.7 JA		
STREET ADDRESS	AAAAA DOOLU EDOE OIDOLE			REET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33428	•	1	Y-ST-ZIP	
TITLE		☐ DELETE	2.1 1/1		Change Addition
NAME			2.2 NA	ME	
STREET ADDRESS			2.3 STF	EET ADDRESS	s
CITY-ST-ZIP	····			Y-ST-ZIP	
TITLE		DELETE	3.1 1111		Change Addition
NAME			3.2 NA		
STREET ADDRESS				REET ADDRESS	3
CITY-ST-ZIP TITLE		DELETE	3 4. CIT 4.1 TIT	Y-S1-ZIP	Change Addition
NAME			4.1 IIII 4. 2 NA		Change Adultor
STREET ADDRESS				ME IEE1 ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	<u> </u>
TITLE	DELETE		5.1 TIT		Change Addition
NAME			5.2 NAM		
STREET ADDRESS				EET ADDRESS	s
CITY-ST-ZIP			5.4 C(1)	Y - ST - ZIP	
TITLE		DELETE	6.1 7(1)	.E	Change Addition
NAME			6.2 NAM	ME	
STREET ADORESS			6.3 STR	EET ADDRESS	\$
CITY-SY, 7IP			64 CIT	Y- ST. 7IP	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 supplemental annual report is true and accurate and that my signature shall have the same legal offect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted 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.

OLONIATURE.

25mm

NOW SET BUHH

430/08

477-6115

FILED

May 11 1998 8:00am

Secretary of State