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).

P97000043423 (7)

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Jul 23 1998 8:00am Secretary of State

		, INC.							
Principal Plac	ce of Business		Mailing Address				A TRACITER I TER ARELI ERRIE BELLE SOLLI DALLI	1 8 8 101 8 1 8 1 9 1 1	IN BIBIB NOOD (III) IQDI
	Y ONE #D-404		953 S US HWY ONE #1	D-404					
JUPITER FL 3	3477	J	IUPITER FL 33477				DO NOT WRITE IN	THIS SPACE	`F
							3. Date Incorporated or Qualified	THIS OF AC	<u> </u>
							05/12/1997		
2. Principal Place of Business 2a. Mailing Address							4, FEI Number		Applied For
21			26			65-0751950	Ī	Not Applicable	
Suite, Apt	. #, eto.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8	.75 Additional
22		27					5. Continuate of Otolica Dosinos		ee Required
City & Sta	nte		City & State				6. Election Campaign Financing		5.00 May Be
23		28	A				Trust Fund Contribution L.		dded to Fees
Ζίρ	Count	·	Zip ∃	30 Cou	ntry		8. This corporation owes or has pald th		
24	9 Name and Addr	29 ress of Current Reg	···	30			Personal Property Tax due June 30. 10. Name and Address of New Regist		
		ess of Carrein rog	IIotelea Agent		81 Na	me	To. Name and Address of Now Noglas	OLGO ABOLL	
LONDRE, JENNIFER B									
353 S US HWY ONE #D-404 JUPITER FL 33477					62 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
JUF	11CN FE 334//				83				
					84 Cit	У		FL 85	Zip Code
SIGNATURE	Signature, types or printed name	ne of registered agent and tit	la II annivenile	AIOTE: Pagista	rod Acent si				8905
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12. TITLE	0	OFFICERS AND DIR		13.		gnature require	ed when reinslating) D. ADDITIONS/CHANGES TO OFFICER	RS AND DIF	RECTORS IN 12
			RECTORS	13.	LE	gnature require		RS AND DIF	
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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 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.

CICNATUDE.

Paularon M. 14 Andre

7-20-97

561-748-376