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

DOCUMENT # P97000046878 (9)

DENNIS M. BOYCE, P.A.

FILED Jan 20 1998 8:00am Secretary of State



						KIJA BIJAKA BIJAK I a ka 1888, 1881 ilak
Principal Place of Business Mailing Address						
631 U.S. HIGHWAY ONE #404 631 U.S. HIGHWAY ONE #404						
NORTH PAL	M BEACH FL 33408	NORTH PALM BEACH	NORTH PALM BEACH FL 33408		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	THO OF NOL
					05/28/1997	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
n		26				Not Applicable
Suite, Apt	Suite, Apt. #, etc.	o, Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 Additional	
2 27 City & State City & State			State		g. Commodio or diatus beside	Fee Required \$5.00 May Be
					Election Campaign Financing	
3		28			Trust Fund Contribution L	Added to Fees
Zip Ti	Country	Zip	Coun	iry	8. This corporation owes or has paid the	
4	25 g. Name and Address of Curre	nt Begietered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Regist	
· P?	DYCE, DENNIS M	in HoBistoted Agein		1 Name	10, Haile and Address of Now Regist	orea Agont
	11 U.S. HIGHWAY ONE #404		L			· · · · · · · · · · · · · · · · · · ·
NORTH PALM BEACH FL 33408			8	Street Add	fress (P.O. Box Number is Not Acceptable)	
170	SHITT ALM BEACHTE 30400			3		
			8	4 City		FL 85 Zip Code
SIGNATURE	Signature, typed or profiled name of registered ag	eul and litte l'applicable (N ID DIRECTORS	NOTE Registered A	gont signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AH
12. Title	D OFFICERS AN	DELETE	13. 1.1 DIU	:	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	BOYCE, DENNIS M		1.2 NAM			LI Official Li Alborto.
STREET ADDRESS	6529 PINELOCH COURT			ET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33458			- ST - ZIP		
TITLE		DELETE	2.1 TITU			Change Addition
NAME			2.2 NAM	ŧ Ì		
STREET ADDRESS			2.3 STR	E1 ADDRESS		
CITY-ST-ZIP			2, 4 0111	1-ST-7(P		
TITLE .		☐ DELETE	31 1111			Change Addition
IAME			3.2 NAM	€ I		
STREE1 ADDRESS			3 3 STRI	ET ADDRESS		
CITY-ST-ZIP		··-·	3.4. CH1	(-\$1-7IP		· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	4 1 TIJLI			Change Addition
NAME			4 2 NAN			
STREET ADDRESS			4.3 STRE	F1 ADDRESS		
DITY-ST-ZIP		I pri eve		- S1 - ZIP		
TITLE		☐ DELETE	5.1 1110	•		Change Addition
NAME			5.2 NAM	ŀ		
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP		DELETE	5.4 C(1Y			Change Addition
TITLE		☐ DESTELE	6.1 TITL	1		Change Addition
VAME			6.2 NAM	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	1		■ 64 City	- \$1 - ZIP		

14. Thereby 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 early; that I am an officer or director of the corporation or the relever 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 or an attachment with an address.

CICNIATURE.

1/2/92

561-845-2505