FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 14 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU 1. Corporation RUSKII	ar (agritta	0049680 (6)		
Principal Plac	e of Businoss	Mailing Address		
53 TROON TRACE		53 TROON TRACE		
PONTE VEDR	A BOH FL 32082	PONTE VEDRA BCH FL	32082	DO NOT WRITE IN THIS SPACE.
				3. Date Incorporated or Qualified
				06/03/1997
2. Principal Place of Business		2a, Mailing Address		4. FEI Number 59-3451778 Applied For Not Applicable
Suite, Apt	#. etc	[26] Suite, Apt. #, etc.		\$2.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 Q. Name and Address of Curren	[29] I Registered Agent	30	Personal Property Tax due June 30. X Yes No
RUSKIN, SCOTT D 53 TROON TRACE PONTE VEDRA BCH FL 32082				t Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and talled applicable. (NOTE Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME		F" DECEUE	1.1 TITLE 1.2 NAME	
STREET ADDRESS			1.3 STREET ADDRESS	3000
CITY-ST-ZIP			1.4 CITY - ST - ZIP	312085
TITLE		☐ DELETE	2.1 TITLE	Vice Pressent Change - Addition
NAME			2.2 NAME	PAM RUSKIN
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-S1-ZIP			2. 4 CITY - \$1 - 2IP	TUB FL 32092
TITLE		L DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		L Marie	4. 2 NAME	Change 17000001
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY- ST- ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CiTY-ST-ZIP			5.4 CHY- \$1 - ZIP	
TITLE		DELETE	61 THTLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

UITY-ST-ZIP

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 suppliemental 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 indicate employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachagent with an address.