## 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

66 T BARTU GUARN ON AGE T CAUTU GUARN ON	rincipal Place of Business	Mailing Address					
	288-Z SMITH SUNDY RD. DELRAY BEACH FL 33446	288-Z SMITH SUNDY RD. Delray Beach Fl 33446					

**FILED** Feb 16 1998 8:00am Secretary of State

i corporano	NAME STATE CO	# <b>P9700</b> DRP.	1004	9758 (U)	)								
Principal Plan	e of Rusines		k.f.	ailing Address					1 40011001 110 10414 10014 00814 00414 0044 <del>1</del> 0044				
288-Z SMITH SUNDY RD. 288-Z SMITH SUNDY RD. DELRAY BEACH FL 33446 DELRAY BEACH FL 33446													
			_					Ĺ	DO NOT WRITE IN T	HIS SPACE			
									3. Date Incorporated or Qualified 06/05/1997				
<b>├</b> ── '				Mailing Address	ling Address				4. FEI Number		Ap	plied For	
21				26					65-0760351		No	t Applicable	
				Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Zip Country			Zip Coul			ountry		8. This corporation owes or has paid the current year Intangible				
24				9 30					Personal Property Tax due June 30. Yes No				
9, Name and Address of Current Registered Agent						81	Name		10. Name and Address of New Registe	red Agent			
		EOFFREY S				61	Name						
		ard <b>B</b> lvd., Ste. 19 Ale fl 33394	100			82	Street A	ddres	s (P.O. Box Number is Not Acceptable)			***************************************	
"	LAUUENU	ALC PL 33384				83							
						84	City			FL  85	85 Zip Code		
11. Pursuant	to the provis	ions of Sections 607.05	02 and 60	07.1508, Florida <b>Š</b> tatut	tes, the	above	e-named c	corpor	ation submits this statement for the purpo-	se of chang	jing its	s registered	
office or r	egistered ag m f <b>a</b> miliar wi	ent, <b>or b</b> oth, in the Stat th, <b>and a</b> ccept the obli	le of Floric gations of	la. Such change was , Section 607.0505, Fl	authoriz Iorida St	zed by tatutes	the corpo	oration	's board of directors. I hereby accept the	appointme	int as	registered	
SIGNATURE													
12.	Signature, typod	or printed name of registered a OFFICERS AI			TE Registo		ent signature i	equired (	when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		CTOR	S IN 12	
TITLE	D	OI HOLHO AI	THE EMILEO	DELETE		TITLE	$\overline{}$		ADDITIONAJONANGES TO CITTOENS	☐ Ch		Addition	
NAME	WOLF, 8	STEVEN		_		NAME				_	•	_	
STREET ADDRESS	AAA T ALATTI ALIKIDII DD				1.3	1.3 STREET ADDRESS							
CITY-ST-ZIP	DELBAY DEAGLE FLOOMAG				1.4	1.4 CITY-ST-ZIP							
TITLE	D					TITLE				Ch	ange	Addition	
NAME		s, richard			2.2	2.2 NAME							
STREET ADDRESS						2.3 STREET ADDRESS							
CITY-ST-ZIP	BOCA H	ATON FL 33431		Deter		4 CITY - S	ST-ZIP						
TITLE		•		☐ DELETE		3 1 TITLE			•	. L Ch	ange	☐ Addition	
NAME CTREET APPRICES						NAME	IDDOCCO						
STREET ADDRESS	1	1			1	3 3 STREET ADDRESS							
CITY-ST-ZIP TITLE						3.4. City-St-7/P 4.1 Title				☐ Ch	anoe	Addition	
NAME						2 NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					4.4 CITY - ST - ZIP								
TITLE		DELETE				5.1 TITLE				☐ Ch	ange	Addition	
NAME					5.2	NAME	1						
STREET ADDRESS					5.3	STREET	ADDRESS					İ	
CITY-ST-ZIP				T Seizee		CITY-SI	t-ZIP						
TITLE				DELETE		TITLE				∐ Ch	ange	Addition	
NAME					1	NAME							
STREET ADDRESS					6.3	STREET	ADDRESS						

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 control of the recomper or trusted emported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or or an area intent with an odd feet.