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

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS 4

1998 DIVISION OF CO. DOCUMENT # P97000051838 (5)

FILED Apr 07 1998 8:00am Secretary of State

922 LU	ICERNE AVENUE, INC.			
Principal Plac	e of Business	Mailing Address		r teatinger tim lættt 10011 getti. gettir gattir gattir blitet tides 10100 titet tent sagt
	TWOOD PLACE	11148 HEARTWOOD		
WEST PALM BCH FL 33414		WEST PALM BCH FL 33414		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
L				06/11/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-6760080 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired Section
City & State		City & State		B. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Zip	Country	Žφ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. X Yes No
	g. Name and Address of Curre	ent Registered Agent	81 N	10, Name and Address of New Registered Agent Name
	IERRY, RICHARD G	TE 000		name
	85 PAKM BCH LAKES BLVD ST EST PALM BCH FL 33401	E 600	82 St	Street Address (P.O. Box Number is Not Acceptable)
1 440	ST FALM BOTH PL 33401		83	
ŀ			84 C	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. La	m familiar with, and accept the oblig	gations of, Section 607.0505	Florida Statutes.	to corporation's board or alloctors. Protoby accorp the appointment do registered
SIGNATURE	Signature, typed or pented mane of regulered as	could make talk of much of the	(NC)YE Registered Agent sig	signature required when reinstating) DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TOTLE	PD Change 🗵 Addition
NAME]		1.2 NAME	SALOPEK, ALBORT T.
STREET ADDRESS			1.3 STREET ADD	SALDAUK, ALBORT T. IDRESS 11148 HORETUNDD PL INCHINGTON, FL. 33414
CITY - ST - ZIP			1.4 CITY - ST - ZIF	111 Wellington, FL. 33414
TITLE		L DELETE	2.1 TITLE	Change [] Addition
NAME ATORES ADDRESS			2.2 NAME	uppros.
STREET ADORESS CITY-ST-ZIP			2.3 STREET ADDI 2.4 City-St-Zi	
TITLE		DELETE	3.1 1ITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDR	IDRESS
CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * * *	3.4 CITY-ST-ZI	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDR	`
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIF 5.1 TITLE	ZIP Change Addition
NAME		En philic	5.2 NAME	C Smarge C Addition
STREET ADDRESS			5.3 STREET ADDI	JORESS
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			6.3 STREET ADDR	ORESS
CITY-ST-ZIP		1	6.4 CITY-ST-ZIF	
14. Lhereby e	certify that the information supplied t	with this fling does not ough	ify for the exemption	on stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 of justice 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 applied through with an address.

SIGNATURE:

Passon

1-6-97

561-793-1917