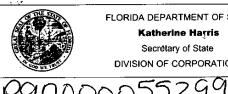
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

Jun 24, 1999 8:00 am Secretary of State

06-24-1999 90010 019 ***150.00

Corporation	on Name		- 1 1			
ELLENS, MALASKY & ASSOCIATES, P.A.				019010 - 10		
ELLEN S. MALTHY & MISCHATES, V.M.				DEDARTMENT. OF STATE		
Principal Place of Business Mailing Address						
1300 1	N. Florida Mango -	Road Snite 15	1			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				DO NOT WRITE IN THIS SPACE		
West	Palm Beach, FL 334	t09		3. Date Incorporated or Qualifed		
				June 1997 4. FEI Number		_
	Place of Business	2a. Mailing Address	La manale L	65 - 0768066	Applied Fo	
21 West to Suite, Apt	falm teach I FC	26 1300 N. Flori	da Inkrijab vav	Ψυ υ / φευφφ	\$8.75 Additions	
— ~ ·	. th 15	27 Swite 15	•	5. Certifcate of Status Desired	Fee Required	"
City & Sta		City & State		6. Election Campaign Financing	\$5.00 May Be	\exists
23	3 same ->	28 West Palm I	soach, FL	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip .	Country	8. This corporation owes the current year Inta	ngib je r	
24	25	29 33401	30 Palm Blach	Personal Property Tax.	☑Yes □No	
	9. Name and Address of Current	Registered Agent	•	10. Name and Address of New Registered A	gent	
FILEN S. MALASKY						
				ress (P.O. Box Number is Not Acceptable)		
1300 N. Florida Margo Rd. Street Address				of Forum Place		
Suite 15				ite 1200		
West Palm Beach, FC 33409				est falm Reach FL 85 Zip Code 333415		
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named com	poration submits this statement for the purpose of coon's board of directors. I hereby accept the appoint	nanging its register	red
office or agent. I	registered agent, or both, in the State of am familiar with, and agent the obligation	ns of, Section 607.0505, Flori	da Statutes.	ion's board of directors, thereby accept the appoint	ment as registered	'
SIGNATURE					<u>ን</u>	_
	Signature typed or printed name of registered agent a		Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1	12
12.	OFFICERS AND	DELETE	13.			ddition
TITLE		C precie	1.2 NAME			
NAME CTRUCT ADDRESS	Ellen S. Malasky	11 00 01 Stals	1.3 STREET ADDRESS			1
STREET ADDRESS	1300 N. Flagida	Margo Fall	1.4 CITY-ST-ZIP			
CITY-ST-ZIP	C West Falm Ben	DELETE	2.1 TITLE		☐ Change ☐ Ad	ddition
NAME	Sec 4 Malachy		2.2 NAME			
STREET ADDRESS	Ellen 3. Majasky	کا ملی ام	2.3 STREET ADDRESS			
	1300 N. Florida Mango	CL33469	2.4 CITY-ST-ZIP			
_TITLE	West tourn seach	□ DELETE	3.1 TITLE		☐ Change ☐ Ad	dition
NAME	Director		3.2 NAME		_ , .	ļ
STREET ADDRESS	Ellen S. Malasky	- Ol Sto K	3.3 STREET ADDRESS			
	1300 N. Florida Ma	MAD KOLY SICY	3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	1300 N. Florida Ma West Falm Beach	1 1 6 33 TO DELETE	41 TITLE		☐ Change ☐ Ad	ddition
NAME			4. 2 NAME			
STREET ADDRESS	5		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLÉ		Change Ad	ddition
NAME			5.2 NAME			
STREET ADDRESS			5.3 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 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-Z!P

TITLE

NAME

☐ DELETE

☐ Change

Addition