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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B₄ Morthgyn

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation BAMAF	ut Labour	0057364 (6))		
Principal Place of Business SCL SSLEW LAKE RESERVICEDAR LANGE STATE ST		Mailing Address **********************************		DO NOT WRITE II	
				 Date Incorporated or Qualified 06/30/1997 	į
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 341 North Maitland Avenue		Post Office Drawer 7540		59-3463592	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 Suite 340 City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
	and, Plorida	28 Maitland, Fl			Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid	· - · ·
24 32751	25 USA 9, Name and Address of Current	29 32794-7540 Registered Agent	30 USA	Personal Property Tax due June 3 10. Name and Address of New Regi	
TAROXINIMIX OO X SONTH X/M ROBOT PARTICULAR ROBOT SUPERIOR WATHERINIX X XXXX			83 Suite	ip Tatich ress (P.O. Box Number is Not Acceptable North Maitland Avenue e 340	Igg Zin Codo
<i>a</i>			Moit	tland	FL 85 Zip Code 32751
Pursuant office or	to the provisions of Sections 60 \ 0502	and 607-1508, Florida Statu Llorida, Such change was	tes, the above-named corparations authorized by the corpora	poration submits this statement for the put tion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
agent La	om familiar wiltir and account the option	ons of Section 607.0505, F	orida Statutes.		115100
SIGNATURE			II - Bogistered Agent signature requi		1/15/98 DATE
12.	OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PRESIDENT	DELETE	11THLE		Change Addition
NAME	ALEXANDER B	ABICOV	1.2 NAME		
STREET ADDRESS	73 INTERLAKE		1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		
CITY-ST-ZIP TITLE	ORLANDO FL 3 VICE PRESIDER		2.1 1171.6		Change Addition
NAME	EUGENE MAK		2.2 NAME		
STREET ADDRESS	73 INTERLAKE		2 3 STHEET ADDRESS		'
CITY-ST-ZIP	ORLANDO, FL	32804	2. 4 CHY-ST-ZIP		
TITLE	SECRETARY	☐ DECETÉ	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	105 NW IVANI	20 ONL	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DRLANDO, FL	DELETE	34 CHY-S1-ZIP 41 DILE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TALE		DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY CT. 7ID	j		e a city, ct. 7tb		I

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.

FILED

May 22 1998 8:00am

Secretary of State