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

DOCUMENT # P9700059183 (8)

CONVERGENCE, INC. RAINFOREST SPECIALTY CAGES, INC.

(filed 246-98

FILED Mar 09 1998 8:00am Secretary of State

20C-296-3167



Principal Place	of Business	Mailing Address		n imanidus vid sassi nadni abisi malis abisi abidi bisidi fallet titeti in	18 E 1714 18 E I
907 GEORGIA STREET 907 GEORGIA STREET					
KEY WEST F	L 33404	KEY WEST PC 33404		DO NOT WRITE IN THIS SPACE	
/				3. Date Incorporated or Qualified	
				07/08/1997	
	ace of Business	2a. Mailing Address	^ .	4. FEI Number	plied For
21 4100 /	V. POWERLING ROAD	26 4100 N. F	DOUBLINE ROI	nd 65-0768418	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	2	5. Certificate of Status Desired S8.75	Additional
22 SUI		27 SWITE W.	<u>-) </u>	5. Certificate of Status Desireu Fee Re	quired
City & State POMP	AND BEACH, PL	City & State POMPANO	BEACH, FL	6. Election Campaign Financing Trust Fund Contribution Added t	
Zip 330	73 Country//SA	□ Zp ススクフス	Country	8. This corporation owes or has paid the current year Inter-	_ ~
24 330/3 25 USA 29 330/3 30 USA Personal Property Tax due June 30. Yes No					
AMERICAN TEN CHANTENED					
3343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Address (P.O. Box Number is Not Acceptable)		
CU	HAL GADLES FL 33134		63		
•					
			84 City	FL 85 Zip C	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 of re	egistered agent, or both, in the State o	r Horida. Such change was a	uthorized by the corporati	on'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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12
TITLE	PSTD	DELETE	1.1 TITLE	Change	Addition
NAME	WIRCH, WILLIAM H		1.2 NAME		
STREET ADDRESS	907 GEORGIA STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL 33404		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETÉ	3.1 TITLE	Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		The section	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	L.J Change	☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		hti tte	4.4 CITY-ST-ZIP		1,200
TITLE NAME		L_ DELETE	5.1 TITLE	L Change	Addition
			5.2 NAME	8	500
STREET ADDRESS			5.3 STREET ADDRESS	-8	37/4
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change	Addition
NAME			6.2 NAME		AUGILION
STREET ADDRESS			6.3 STREET ADORESS	900002450979 -03/03/9801104020	
CITY+ST-ZIP			6.4 City-St-Zip	***150,00	
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exemption stated in S	ection 119 07(3)(i) Florida Statutes I further certify that the i	nformation
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, owen an attachment with an address.					