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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

FILED Mar 26 1998 8:00am Secretary of State

1. Corporation	BOCA, I		P970	JUUUE	52790) (5)							
Principal Place of Business					Mailing Address				\dashv		 		iri an fi i ndi
6530 WEST ROGERS CIRCLE #31 BOCA RATON FL 33487					6530 WEST ROGERS CIRCLE #31 BOCA RATON FL 33487			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
									- 1	•	90		•
2. Principal F	Place of Busi	noss		20	2a. Mailing Address				4 5	07/21/1997 FEI Number			antia d'Esa
21		\vdash	26					65-0786261		h	oplied For ot Applicable		
Suite, Apt.	#, etc.		•	27	Suile, Apt. #, etc					5. Certificate of Status Desired S8.75 Additional Fee Regulred			
City & Stat	0			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25				7ip Cc			Country		This corporation owes or ha	•	urrent year Int	
g. Name and Address of Current Registered Agent								•		Name and Address of Nev			
RIT	ITER, GREC	3ORY	J				81	Name					
7000 WEST PALMETTO PARK ROAD							82	Street Ad	idress (P.C	ress (P.O. Box Number is Not Acceptable)			
SUITE 400							83				· · · · · · · · · · · · · · · · · · ·		
BOCA RATON FL 33433													
							84	City			FL	85 Zip	Code
11. Pursuant	to the provis	ions of	Sections 60	7.0502 and 6	07 1508, Flo	rida Statute	is, the above	-named co	prporation :	submits this statement for t	he purpose o	<u> </u> of changing it	ts registered
office or r agent. I a	registered ag ım familiar w	ent, or ith, and	both, in the accept the	State of Flori obligations of	da Such cha I. Section 60	ange was at 7.0505. Flor	uthorized by	the corpor	ration's bo	submits this statement for t and of directors. I hereby a	ccept the ap	pointment as	registered
SIGNATURE				red agent and title			. Registered Age				DATE		
12.					DIRECTORS 13.					DDITIONS/CHANGES TO O		D DIRECTOR	IS IN 12
TITLE	D					DELETE	1.1 TITLE					Change	Addition
NAME	Leder,							1.2 NAME					l;
STREET ADDRESS						E #31							ļi
CITY-ST-ZIP	_	MOTA	FL 33487	 	Dr) F76			14 CITY-ST-ZIP					
TITLE	D		F. F		ال	DELETE	21 TITLE					L Change	Addition
NAME PAREST ADDRESS	LEDER, SAMUEL E						2 2 NAME						ľ
STREET ADDRESS							2.3 STREET	· · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP TITLE	DOOR F	MI VIN	FL 3340/			DELETE	2. 4 CITY-S 3.1 TITLE	1-2119				Change	Addition
NAME					٠.		3.2 NAME					Onanyc بے	Addition
STREET ADDRESS							3.3 STREET	ADDRESS					
CITY-ST-ZIP							3.4. CITY - S						
TITLE				•		DELETE	4.1 TITLE					Change	Addition
NAME	•						4. 2 NAME						
STREET ADDRESS							4.3 STREET	ADDRESS					ŀ
CITY-ST-ZIP				W / L			4.4 CITY - \$1	- ZIP					
TITLE						DELETE	5.1 TITLE					Change	Addition
NAME							5.2 NAME						
STREET ADDRESS							5 3 STREET	ADORESS					
CITY-ST-ZIP					· · · · · · · · · · · · · · · · · · ·	DELETE.	5.4 CITY-ST	- ZIP					4.420
TITLE						DELETE	6.1 TITLE					Change	Addition
NAME STREET ADDRESS							6.2 NAME						
CITY-ST-ZIP							6.3 STREET 6	l 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 of 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 are an attachment with an address.