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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of

FILED Feb 16 1998 8:00am Secretary of State

1	NATIONAL TREASURE & I	-)		T 1001/1001 1/10 (10/11 10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10/11/10	8/48 448 844 844 844 844 888
Principal Plac	pe of Business	Mailing Address				(1)
2300 GLADES						
SUITE 450W	2300 GLADES ROAD Suite 450W					
BOCA RATON FL 33431 BOCA RATON FL 33431					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	Diana of Pusiness				08/12/1997	
2. Principal Place of Businoss		2a. Mailing Address		4. FEI Number 22013	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		40-0002110	Not Applicable	
22		├ ──	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Cur	rent Registered Agent	941		10. Name and Address of New Registers	ed Agent
	E.C. SUMMERS, P.A.		81	Name		
	OO GLADES ROAD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ITE 450W		83			
BOCA RATON FL 33431			63			
			84	City	F	85 Zip Code
SIGNATURE	m ramiliar with, and accept the ob	ligations of, Section 607.0505, F	authorized by the lorida Statutes. TE Registered Agent		oration submits this statement for the purpose on's board of directors. I hereby accept the a	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD DELETE		1.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	2000 02 220 0000		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY - ST - 2	ZIP		
TITLE	☐ DELETE 2		21 THILE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AD	DRESS		
CITY-ST-ZIP		T DELETE	2. 4 CITY - ST-	ZIP	M - 1	
TITLE NAME	[_] DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME	00100		
CITY-ST-ZIP			3.3 STREET AD			
TITLE	DELETE		3.4. CHY-ST-	207		Change Addition
NAME	head Children		4. 2 NAME			Undango MuditiOff
STREET ADDRESS			4.3 STREET AD	DRESS		
CITY-ST-ZIP			4.4 CITY - ST - Z			
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			= • • • • • • • • • • • • • • • • • • •
STREET ADDRESS			5.3 STREET ADI	DRESS		
CITY-ST-ZIP			5.4 CITY-ST-Z	1		
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET ADD	DRESS		
CITY-ST-ZIP			6.4 CHTY-S1-Z			
14. I hereby o	ertifu that the information supplied	with this filing door not qualify f	or the exemption	etalod in S.	ection 119 07/2)/i) Florida Statutos I further	cortifu that the information

indicated on this annual reportor supplied with this litting uoes not quality 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 revoiver or hystee 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.