FILE NOW: FILING FEE AFTER MAY 18T IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State

FILED May 05 1998 8:00am

	1998	WI 150	CORPORATIONS	Secretar	y of State
DOCU 1. Corporation	IMENT # P97 (00 P 00 00C	07		
	Drcasia C	orporation			
Principal Place of Business 1184 SW 18th St. 1184 SW 18th St.					
BOCA	RAton, FL	Book Ration,	とし	DO NOT WRITE IN THE	S SPACE
<u></u>	33486		33486	3. Date Incorporated or Qualified August 13, 1997	
	Place of Business	2a, Mailing Address		4. FEI Number 65 - 077 4171	Applied For
Suite, Apt	# elc	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Star	te	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30	Personal Properly Tax due Juge 30.	Yes 🔀 No
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
Ame	ii lawyel				
343 Almeria Ave.			82 Street A	Address (P.O. Box Number is Not Acceptable)	·
Cam	GAbles, FL		83	· · · · · · · · · · · · · · · · · · ·	
	23	3134	84 City		85 Zip Code
		•		F I	∟
11. Pursuant office or	to the provisions of Sections 607 (registered agent, or both, in the St	0502 and 607.1508, Florida Statute atc of Florida, Such change was a	es, the above-named outhorized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered 7
agent. I a	arn f a miliar with, and accept the ob	digations of Section 607 0505, Flo	rida Statutes		, and the grant of the same of
SIGNATURE	Signature, typed or printed hance of registered	account the dumbrance (NOTE	Registered Agent signature r	required when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES 10 OFFICERS AN	ID DIRECTORS IN 12
TITLE	PSTO	DEL ETE	1 1 TITLE		Change
NAME	Michael A. BAnuc	Mi.	1.2 NAME		
STREET ADDRESS	1184 SW 1847 St.		13 STREET ADDRESS		ļ
CITY-ST-ZIP	Bock Raton, FL		1.4 CITY - ST - 7IP		
TITLE NAME		DELETE	2.1 TITLE		☐ Change ☐ Addition <
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		1
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY- ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME PROSET ADDRESS	1		4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE	<u> </u>	DOLLETE	4 4 CITY - ST - 7IP		Change Addition
NAME		_,,,,,,	5.2 NAME	<i>/</i> }	(_/,
STREET ADDRESS			5.3 STREET ADDRESS		15/
CITY-ST-ZIP			5 4 CITY-ST-ZIP	9000025 1 -05/05/9801019 ***158.75	4/29
TITLE		DEL ETE	6.1 TITLE	-03/05/980 3/ 04 3 -	Addition Addition
NAME			6.2 NAME	できまれるは、75	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-Z#P	ertify that the information supplied	I with this filing does not qualify to	■ 64 CiTY+ST-ZiP	in Section 119.07(3)(i) Florida Statutes I further of	earlify 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 frustee 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. SIGNATURE:

561-702-7120