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

PROFIT A
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| NATIO                                    | MENT # P9700<br>NAL INVESTIGATIVE AGEN   |                                      |                                |             |               |   |             |                    |               |
|--|--|--------------------------------------|--------------------------------|-------------|---------------|---|-------------|--------------------|---------------|
| Principal Plac                           | e of Business  | Mailing Address                      | Mailing Address                |             |               | 1 10011881 119 19111 19811 78111 7911                                     |             | .91 11891 18119 81 | 196 (811 1981 |
| 1750 8 TREA                              | SURE DR  | 1750 S TREASURE DR                   |                                |             |               |   |             |                    |               |
| UNIT 5<br>NORTH BAY VILLAGE FL 33141     |  | UNIT 5<br>NORTH BAY VILLAGE FL 33141 |                                |             |               | DO NOT WR   | TE IN THIS  | SPACE              |               |
|  | VIEDIGE 10 00171   | HOHITI ON THE SHOET                  | L QQITI                        |             | ŀ             | 3. Date Incorporated or Qualifie  |             | 0.7.02             | <del></del>   |
|  |  |                                      |                                |             |               | 08/18/1997  |             |                    |               |
|  | lace of Business   | 2a. Mailing Address                  | 2a, Mailing Address            |             |               | 4. FEI Number   | 2 ')        | Ar                 | oplied For    |
| 21                                       | # t  | 26                                   |                                |             |               | 65-08115  | <u>32</u>   |                    | ot Applicable |
| Sulte, Apt.                              | #, OC.   | Suite, Apt. #, etc.                  | F-1 ' ' '                      |             |               | 5. Certificate of Status Desired  |             | \$8.75             |               |
| 22<br>City & State                       | e  |                                      | City & State                   |             |               | 6 Clarks 0  | <del></del> |                    | equired       |
| 23                                       | _  | 28                                   | F- 7                           |             |               | <ol><li>Election Campaign Financing<br/>Trust Fund Contribution</li></ol> |             | \$5.00<br>Added    |               |
| Zip                                      | Country  | <del></del>                          |                                |             |               | 8. This corporation owes or has   |             |                    |               |
| 24                                       | 25   | 29                                   | 30                             | 30          |               | Personal Property Tax due Ju  |             |                    | No            |
|  | 9. Name and Address of Curre   | nt Registered Agent                  |                                | ,           |               | 10. Name and Address of New   | Registered  | Agent              |               |
|  | OLE, STEVEN L  |                                      | 81                             | Nam         | ie            |   |             |                    |               |
|  | 50 S TREASURE DR   |                                      | 82                             | Stree       | et Address    | s (P.O. Box Number is Not Accep   | lable)      |                    |               |
|  | RT 5   |                                      | 83                             | <u> </u>    | <del>-</del>  |   |             |                    |               |
| "  | PRTH BAY VILLAGE FL 33141  |                                      | 03                             |             |               |   |             |                    |               |
|  | •  |                                      | 84                             | City        |               |   | FL          | 85 Zip (           | Code          |
| 11. Pursuant                             | to the provisions of Sections 607.05   | 02 and 607 1508, Florida Statu       | les, the abov                  | ł<br>e-name | ed corpora    | ation submits this statement for the                                      | numnee n    | f changing it      | s registered  |
| i Office or re                           | egistered agent, or both, in the Stat<br>m familiar with, and accept the oblig | e of Florida. Such change was i      | authorized b                   | v the co    | orporation    | 's board of directors. I hereby acc                                       | ept the app | ointment as        | registered    |
| SIGNATURE                                | ,  | ,                                    | Diction                        | <i>.</i>    |               |   |             |                    |               |
|  | Signature, typed or peoled name of registered as                               |                                      | lf . Begistered Ag             | ent signat  | ne tedn teg A |   | DATE        |                    |               |
| 12.                                      | OFFICERS AN  | NO DIRECTORS                         | 13.                            |             | 10/           | ADDITIONS/CHANGES TO OF   | FICERS AND  |                    |               |
| TITLE<br>NAME                            | O DELETE COLE, STEVEN L  |                                      |                                | 11 Intt     |               | and Cole  |             | Change             | Addition      |
| STREET ADDRESS 1750 S TREASURE DR UNIT 5 |  | ٠ ۾                                  | 1.2 NAME<br>1.3 STREET ADDRESS |             | 3175C         | CN L COLE<br>OS TREASURE DR. (  | MT 5        | ,                  |               |
| CITY-ST-ZIP                              | NORTH BAY VILLAGE FL 33  |                                      | 1.4 CITY -                     |             |               | h Bay Village, FL   |             |                    |               |
| TITLE                                    | 110111111111111111111111111111111111111  | DELETE                               | 2.1 TITLE                      |             |               | 1 Day Viringe 1 -   | <u> </u>    | Change             | Addition      |
| NAME                                     |  |                                      | 2.2 NAME                       | 2.2 NAME    |               |   |             | - •                | _             |
| STREET ADDRESS                           |  |                                      | 2.3 STREE                      | ADDRESS     | s             |   |             |                    |               |
| CITY-ST-ZIP                              |  |                                      | 2. 4 CITY -                    | ST - ZIP    |               |   |             |                    |               |
| TITLE                                    | DELETE 3.  |                                      | 3.1 THTLE                      |             |               |   |             | Change             | Addition      |
| NAME                                     |  |                                      | 3.2 NAME                       |             | İ             |   |             |                    |               |
| STREET ADDRESS                           |  |                                      | 3.3 STREET                     | ADDRESS     | s             |   |             |                    | C,            |
| CITY-ST-ZIP                              |  | T priete                             | 3.4. CITY-                     | ST-ZIP      | <b></b>       |   |             | TT 2.              | - T-1 - :     |
| TITLE<br>NAME                            | DELETE   |                                      | 4.1 TITLE                      |             |               |   |             | Change             | Addition      |
| STREET ADDRESS                           |  |                                      | 4. 2 NAME                      |             | ,             |   |             |                    |               |
| CITY-ST-ZIP                              |  |                                      | 4.3 STREET<br>4.4 CITY-5       |             | •             |   |             |                    |               |
| TITLE                                    |  | DELETE                               | 5.1 TITLE                      | or-zir      | <del></del>   |   |             | Change             | Addition      |
| NAME                                     |  |                                      | 5.2 NAME                       |             |               |   |             |                    | ,             |
| STREET ADDRESS                           |  |                                      | 5.3 STREET                     | ADDRESS     | s             |   |             |                    |               |
| CITY-ST-ZIP                              |  |                                      | 5.4 CITY - S                   |             |               |   |             |                    |               |
| TITLE                                    |  | ☐ DELETE                             | 6.1 TITLE                      |             | <del></del>   |   |             | Change             | Addition      |
| NAME                                     |  |                                      | 6.2 NAME                       |             |               |   |             |                    | İ             |
| STREET ADDRESS                           |  |                                      | 6.3 STREET                     | ADDRESS     | 3             |   |             |                    |               |

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14. Thereby 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 attact unemport and address.