FILE	FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									F	FILE	ED	
	PROFIT *			FLORIDA DEPARTMENT OF STATE				[ ≰Apr	13	100	Q Q	00an	
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Alvivi	JAL REPORT <b>1998</b>			Secretary of State DIVISION OF CORPORATIONS					Se	ecre	tarv	of S	State
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Principal Plac	e of Rusiness		Mailmo	Address									
41 E PALMETTO PARK RD 41 E PALMETTO PARK R													
BOCA RATON FL 33432 BOCA RATON FL 33432						U					NTE 154 TI		
									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
									08/25/1997	d or doain	60		
	lace of Business	. /	2a. Ma	ling Address					4. FEI Number		<u> </u>	1 1	Applied For
21 60 10	FEDERAL	<u>Hwy.</u>	26	SAN	E				65-078	48	8.1		Not Applicable
Suite, Apt.			27 Suit	le, Apt. #, etc.					5. Certificate of Sta	tus Desired			Additional Required
City & Stat	A RUTON .	FL.	City	& State					6. Election Campai Trust Fund Contr	-	<sup>9</sup> П		May Be
Zip	Cou		Zip		Coun	try			8. This corporation	<del></del>	s naid the		<del> </del>
24 3345	2 25	45 A	29		30				Personal Propert		•	Yes	□ No
	9, Name and Add	Iress of Current I	Registere	d Agent		B1 [	Name		10. Name and Addi	ess of Nev	Registere	d Agent	<del></del> ,
	MARMELS, RETO	V DD			L	1							
	E PALMETTO PAR CA RATON FL 334				١	32	Street	Addre	ss (P.O. Box Number	s Not Acce	ptable)		
	ON INTOINTE 334	32			ε	33							
į					-	34	City					<b>85</b> Zi	p Code
							•				F	LII	•
11. Pursuant office or r agent 1 a	to the provisions of S egistered agent, or b m familiar with, and a	actions 607.0502 and in the State of accept the obligation	and 607.15 Florida. S ons of, Sec	508, Florida Statu uch change was ction 607.0505, F	ites, the abo authorized lorida Statu	by tes.	named the corp	corpo poratio	ration submits this sta on's board of directors	tement for t I hereby a	he purpose ccept the a	of changing ppointment	lts registered as registered
SIGNATURE													
12.	Signature, typed or printed n	ame of registered agent i OFFICERS AND I		· · · · ·	TE: Registered /	Ageni	t signature	e required	when reinstating) ADDITIONS/CHAI	IGES TO O	DATE		100 IN 12
TITLE				☐ DELETE	1.1 TITL	E		1	PRESIDENT	•	THOLING	Change	
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CITY-ST-ZIP	BOCA RA	TON FL	3343	1_	4.4 CITY	- ST-	-71P	1					

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 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 attachment with an address.

SIGNATURE: RETORIGINATION CALLED STATE OF MARKELS

3/17/98

(SCI) 442 9000

5.1 TITLE

5.2 NAME

6.1 TITLE

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5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

☐ DELETE

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STREET ADDRESS

CITY-ST-ZIP

Change Addition

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