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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074881 (8)

21489 N.W. 2ND AVENUE CORP.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business 8008 SOUTH FLAGLER COURT WEST PALM BEACH FL 33405 2. Principal Place of Business 26. Mailing Address 21. Suite, Apt. #, etc. Suite, Apt. #, etc. 22. City & State 23. City & State 28. Zip Country Country Country Country			у	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/27/1997 4. FEI Number 6. Sertificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible			
24 25 9. Name and Address of Currer		10		Personal Property Tax due June 30. 10. Name and Address of New Registered		□ No	
GERSON, GARY N 1645 PALM BEACH LAKES BLVD. SUITE 1200 WEST PALM BEACH FL 33401		81 82 83 84	Street Add	ress (P.O. Box-Number is Not Acceptable)	85 Zip	o Code	
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation of Signature. Speed or printed name of registered age.	of Florida, Such change was au ations of, Section 607.0505, Flori	thorized bi da Statute	y the corpora es.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the application of the purpose o	changing cointment as	its registered s registered	
12. OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN			
NAME METZ, JOHN C STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 3340		1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ADDRESS		Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	DELETE	2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	T ADDRESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ DELETE	3.1 TITLE 3.2 NAME	T ADDRESS		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 TITLE 4. 2 NAME	T ADDRESS		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME	I ADDRESS	'	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	61 TITLE 6.2 NAME 6.3 STREET	T ADDRESS		Change	Addition	
14. I hereby certify that the information supplied wi	th the filling does not qualify for t			Section 119.07(3)(i), Florida Statutes. I further ce	ertify that the	a information	

deport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am usice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or on