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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077205 (7)

**FILED** May 05 1998 8:00am Secretary of State

ION	MMORINERY, INC.				
Principal Place of Business Mailing Address				4 (	9811 (8818 11811 9818) BIII 1891
2326 SOUTH CONGRESS AVE., #1-C 2326 SOUTH CO		2326 SOUTH CONGRES	SS AVE #1-C		
WEST PALM BEACH FL 33406		WEST PALM BEACH FL 33406		DO NOT WRITE IN THE	A 654.65 /8 -3 (80 3 · · · ·
İ				3. Date Incorporated or Qualified	S SPACE
ł				09/04/1997	
2 Principal P	lace of Business	2a, Mailing Address		4, FEI Number	Applied For
21		26		65-0778702	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	Cily & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z <sub>i</sub> p	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
	.BY, TERESA		81 Name		
	26 <b>SOUTH CONGRESS</b> AVE., #1	C	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
] WE	EST PALM BEACH FL 33406				
			83		
			84 City		85 Zip Code
				F	
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State (	and 607.1508, Florida <b>Stat</b> t of Florida, Such change was	ites, the above-named corp authorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent la	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statutes.	and an amount of the copy and copy and copy	*Po
SIGNATURE					
	Signature, typed or proted name of registered ager  OFFICERS AND	- <del></del>	III : Registered Agent signature requi		ND DIDECTORS IN 40
12.	DPST OF ICERS AINC	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
NAME	KILBY, TERESA	L. VELET	1.2 NAME		L Shange L Addition
STREET ADDRESS	2326 SOUTH CONGRESS AVI	#1.0	1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3340				
TITLE	TIEST TREET SERVICE COTO	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		ļ
TITLE		DELETE	41 TiTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		<del>_</del>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	entity that the information supplied wil	h this filma does not qualify		Section 119 07/3Vi). Florida Statules, I further	certify that the information

recovery that the information supplied with this timing does not quality for the exemption stated in Section 119.07(3)(j), Florida Statutes. Further certify that the informatio 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 eath; 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 ghanged, or on an attachment with an address