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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P97000089590 (8)

## FILED Mar 31 1998 8:00am Secretary of State

1. Corporatio	n Neme R., INC.	, occood		,,,			
Principal Plac		Mailing Address					
3450 NORTH LAKE BLVD. STE. 110 3450 NORTH LAKE BLVD. STE. 110 NORTH PALM BEACH FL 33403 NORTH PALM BEACH FL 33403					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifie		
					10/17/1997	•	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 3450	Vorthlage Blud	26			65-0792340		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8. <b>7</b> !	5 Additional Required
City & Stat					6. Election Campaign Financing	\$5.0	May Be
23 N. P.	<u> </u>	28			Trust Fund Contribution	Adde	of to Fees
Zip (//	Country 25 (/SA	Zip	Country		a. This corporation owes or has	·	
24 334		29	30		Personal Property Tax due Ju 10. Name and Address of New		□ No
DC	9. Name and Address of Current	Hegistered Agent	81]	Name -	10, Name and Address of New	<del></del>	
	MANELLI, PETER	1		refer R	manelli / monty my		Noerr
3450 NORTH LAKE BLVD. STE. 110				Street Addr	ess (P.O. Box Number is Not Accep	able) -# 110	
NORTH PALM BEACH FL 33403				3 750	Northleta Blud	-47 170	
			83	65-	0792340		
			84	North	01 0-4	FL 85 2	p Code 3 Y A3
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508. Florida St			oration submits this statement for th		
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change w	as authorized by the	ne corporati	ion's board of directors. I hereby ac	cept the appointment	as registered
agentii a	m ramiliar with, and accept the obligat	lions of, Section 607.0505				3/12/98	j
SIGNATURE	Refer Romane // Month	t and title applicable	(NOTE: Registered Agent	signature require		DATE	<sub>e</sub>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECT	
TITLE	D	☐ DELETE	1.1 TITLE	l		☐ Chang	e □ Addition   §
NAME	ROMANELLI, PETER		1.2 NAME	ľ			[5
STREET ADDRESS	825 BUTTONWOOD ROAD		1.3 STREET AD	DRESS			[ជ្
CITY-ST-ZIP	NORTH PALM BEACH FL 3340		1.4 CITY-ST-	ZIP			}
TITLE	D MONEY	☐ DELETE	2.1 TITLE	ļ		☐ Change	e 🔲 Addition 🕻
NAME	MYLER, MONTY		2.2 NAME				
STREET ADDRESS	8718 150 COURT NORTH	0440	2.3 STREET AD	DRESS			ţ
CITY-ST-ZIP	PALM BEACH GARDENS FL 3	DELETE	2. 4 CITY - ST -	ZIP		Chang	e Addition
TITLE	LYNCH, TRAVIS	T OFCE IE	3.1 TITLE	Ì		Crianity	, D Addition
NAME DEDECT ADDRESS	1001 S.W. ESTAUGH AVENUE	:	3.2 NAME	IDDECC			}
STREET ADDRESS	PORT ST. LUCIE FL 34953	•	3.3 STREET AD				
CITY-ST-ZIP TITLE	n	☐ DELETE	3.4. CITY - SF - 4.1 TITLE	LIF		Change	e Addition
NAME	NOERR, RICHARD		4. 2 NAME				
STREET ADDRESS	1880 NORTH CONGRESS AVE	NUE UNIT G102	4.3 STREET AD	UBECC			1
	WEST PALM BEACH FL 33401		4.4 CITY-ST-7				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	-11		☐ Change	e Addition
NAME			5.2 NAME				_
STREET ADDRESS			5.3 STREET AD	ORESS			
CITY-ST-ZIP			5.4 CITY - \$1 - 7				
TITLE		DELETE	6.1 TITLE			Change	e Addition
NAME		_	62 NAME		•	•	1
STREET ADDRESS			6.3 STREET AD	DRESS			
CITY-ST-ZIP			6.4 CITY+ST-2		•		)
	partify that the information supplied will	h this filing does not quall			Section 119 07(3)(i) Florida Statutes	Lighter certify that t	he information

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 suppliemental 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.

CIONATURE LATE POR A

(56/22 300°