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**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

P97000090319 (9)

**FILED** May 12 1998 8:00am Secretary of State

Principal Place 5800 POINSE SUITE 204	DING, INC.  ce of Business  ETTIA AVE  BEACH FL 33407	Mailing Address 5600 POINSETTIA AVE SUITE 204 WEST PALM BEACH FL	33407		DO NOT WRITE IN T		
					3. Date Incorporated or Qualified	<del> </del>	
0 Dringing!	Olana of Pusiness	On Moilers Salatan			10/21/1997 4. FEI Number		
2. Principal i	Place of Business	2a. Mailing Address			4. FEI Number 65 - 0798942	<del></del>	plied For of Applicable
Suite, Apt	# elc	Suite, Apt. #, etc.				¢0.75	
22		27			5. Certificate of Status Desired	Fee Re	
City & Sta	ite	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00	May Be
23		28	_		Trust Fund Contribution		
Zip	Country	Zip	Country	,	8. This corporation owes or has paid th		
24	25	29	30		Personal Property Tax due June 30.		¶ No
	9. Name and Address of Curren	nt Registered Agent	81	Now-	10. Name and Address of New Registe	ered Agent	
	ONDEMKAMP, KEVIN C		81	Name			
5600 POINSETTIA AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	Not Acceptable)	
	ITE 204		83				
W	EST PALM BEACH FL 33407		03				
			64	City		FL 85 Zip	Code
office or	registered agent, or both, in the State	02 and 607.1508, Florida Statu	iles, the above	e-named corpora	poration submits this statement for the purportion's board of directors. I hereby accept the	ose of changing it	s registered registered
office or agent. I a SIGNATURE	To the provisions of Socialons our registered agent, or both, in the State am familiar with, and accept the obligation of the special agents of the special agents of the special agents of the special agents.				poration submits this statement for the purportion's board of directors. I hereby accept the red when reinstating)	ose of changing it e appointment as	s registered registered
SIGNATURE	Signature Typod or printed here's of registered age OFFICERS ANI	ent and title if applicable (NO DID DIRECTORS	TL: Registered Agr			ATE S AND DIRECTOR	RS IN 12
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execute this report as required by Chapter 607, Florida Statutes; and that my name appears in