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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000094798 (0)

| Principal Place of Business | Mailing Address |
|-----------------------------|------------------------|
| 4508 CONCORDIA LANE | 4508 CONCORDIA LANE |
| BOYNTON BEACH FL 33436 | BOYNTON BEACH FL 33436 |

FILED May 04 1998 8:00am Secretary of State

| 1. Corporation | | -001 | ONIAL CAPTED | DDICE | | • | | | | | |
|---|---|----------|---------------------------------------|----------|---------------------|--------------------|----------------------------|---------------------------------------|---------------------------------------|--|--|
| MKU | C PRUFE | :001 | ONAL ENTER | PHISE | S, INC. | | | | | | |
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| Principal Place of Business Mailing Address | | | | | | | ï | " 1 1 1 1 1 1 1 1 1 | | | |
| 4508 CONCORDIA LANE 4508 CONCORDIA LANE | | | | | | | | | | | |
| BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | | | 3. Date Incorporated or Qualified | |
| | | | | | | | | | | 10/30/1997 | |
| <u> </u> | | | | | Mailing Address | | | | | 4. FEI Number Applied For Not Applied For Not Applied For | |
| Suite, Apt. #, etc. | | | | 26 | Suite, Apt. #, etc. | | | | | \$9.75 Additional | |
| 22 | | | | 27 | 27 | | | | | 5. Certificate of Status Desired Fee Required | |
| City & State | 9 | | · · · · · · · · · · · · · · · · · · · | | City & State | | | | | 6. Election Campaign Financing \$5.00 May Be | |
| 23 | | | 28 | · -, | | | | | Trust Fund Contribution Added to Fees | | |
| Zip | | \vdash | Country | <u> </u> | Zip | Cour | ntry | / | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | |
| 24 | 9. Name | 25 | Address of Curre | nt Regis | tered Agent | 30 | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| 20 | | | 4.774 | | | | 61 | Name | | | |
| SOKOLSKY, KENNETH J 2400 W CYPRESS CREEK RD | | | | | | } | 82 | Street A | ddres | ess (P.O. Box Number is Not Acceptable) | |
| FT LAUDERDALE FL 33309 | | | | | | | | | | | |
| | | | | | | | 83 | | | | |
| | | | | | | <u> </u> | 64 | City | | FL 85 Zip Code | |
| 44 Pureliant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above of | | | | | | | | e-named c | orno | | |
| office or r | 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | |
| | Signature, typed | or prini | ad name of registered as | | | | Age | eni pignature re | equired | d when reinstating) DATE | |
| 12. TITLE | PSTD | | OFFICERS AI | ND DIREC | DELETE | 13. 1.1 TiT | F | | Vi | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | RIVERO | MAI | NO. | | Carlo October | 1.2 NA | | | <u>ن</u> ا کم | when Divers | |
| STREET ADDRESS | | | ORDIA LANE | | | | | ADORESS | 7 | uby Rivero sopreoneordia lane | |
| CITY-ST-ZIP | | | EACH FL 33436 | 3 | | 1.4 CIT | Y-S1 | ST-ZIP | B | Joynton Begen F1 33436 | |
| TITLE | | | | | DELETE | 2.1 TIT | LE | | | Change Addition | |
| NAME | | | | | | 2.2 NA | | | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | | • | |
| CITY-ST-ZIP TITLE | VIEW. | | | | DELETE | 2. 4 C/ 3.1 T/T | | ST-ZIP | | Change Addition | |
| NAME | | | | | | 3.2 NA | | 1 | | the court of the c | |
| STREET ADDRESS | | | | | | | | ADDRESS | | | |
| C(TY-ST-ZIP | | | | | | 3.4. CI | Y-S | ST-ZIP | | | |
| TITLE | | | | | ☐ DELETE | 4.1 117 | | | | Change Addition | |
| NAME | | | | | | 4. 2 NA | | | | | |
| STREET ADDRESS | | | | | | - 1 | | ADDRESS | | | |
| CITY-ST-ZIP TITLE | | | | | ☐ DELETE | 4.4 CIT 5.1 TIT | | or-ZIF | | ☐ Change ☐ Addition | |
| NAME | | | | | | 5.2 NA | | | | | |
| STREET ADDRESS | | | | | | 5.3 STF | EET. | ADDRESS | | | |
| CITY-ST-ZIP | | | | | | 5.4 CIT | | IT-ZIP | | | |
| TITLE | | | | | DELETE | 6 1 TIT | | | | Change Addition | |
| NAME | | | | | | 6.2 NA | | | | • | |
| STREET ADDRESS | | | | | | ■ 6.3 STF | LET. | ADDRESS | | | |

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