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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FI ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 02 1998 8:00am Secretary of State

PURLITE SYSTEMS SOUTH, INC.

Principal Plac	ce of Business	Mailing Address						
415 N		N.E. 3RD STREET						
POMPA	NO BEACH FL 33060	POMPANO BEACH FL 33060			50	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 11/17/97		
2. Principal F	Place of Business	2a, Mailing Address				4. FEI Number		Applied For
21		26 36 CLUBHOUSE LANE				25 22222		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additional		
City & State		[27]				Fee Required		
23		City & State 28 BOYNTON BEACH FL				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country		Zip Country				This corporation owes or has paid the current of the current		
24	4 25 29		−1			Personal Property Tax due June 30. Yes X No		
	9. Name and Address of Curren	Registered Agent				10. Name and Address of New Registered Ag	gent	
			1	B1 N	lame			
CT CO	RRORATION SYSTEM		Ţ	32 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
1200	SOUTH PINE ISLAND RO	AD	ļ.	33	·		· - · · · ·	
PLANT	ATION FL 33324							
	•		[*	84 C	ity	FL	85 Zi	p Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the ab	ove-na	amed corpo	ration submits this statement for the nurrose of o	hangin	ils registered
office of a	registered a gent, or both, in the State. am f am iliar with, and accept the obliga	or Honda, Such <mark>change was</mark> tions of, Section 607.0505, Fl	authorized Iorida Statu	by the tes	e corporatio	n's board of directors. I hereby accept the appoi	ntment	as registered
SIGNATURE								
12.	Signature typical or printed name of registered ager OF LICERS AND		It : Registered .	Agent si	gnature requires	when reinstating) DATE.	DIRECT	000 151 40
TITLE	PRESIDENT	DELETE	1.1 10L	E		ADDITIONS/CHANGES TO OFFICERS AND D	Change	
NAME	JON SHERMAN		1.2 NAM			-		
STREET ADDRESS	36 CLUBHOUSE LANE		1.3 STR	EFT ADD	RESS			
CITY-ST-ZIP		3436	14 CH)	(-S1-7)	P			
TITLE	☐ DELETE 21		2 1 1HL	2 1 1HLE			Change	e Addition
NAME			2.2 NAN	lł.				
STREET ADDRESS			2.3 STR					
CITY-ST-ZIP TITLE		DELETE	2. 4 CH1 3.1 TITL		P	1	Chasa	a Addition
NAME		בן וונננונ	3.1 HIL 3.2 NAM			L	Change	e L Addition
STREET ADDRESS			3.2 NAW		RESS			
CITY-ST-ZIP			3.4 CIT					
TITLE		DELETE	4.1 1111			L	Change	e 🔲 Addition
NAME			4.2 NAM	NE				
STREET ADDRESS			4.3 STRE	ET ADD	RESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY	•	<u> </u>		٦ څخت	A Junta
NAME		ריז טבוניונ	51 THTL			30000254369	Change	Addition
STREET ADDRESS			5 2 NAM 5 3 S1RE		RESS	3000025436 9 -06/02/98010050 0 6	,	
CITY-ST-ZIP			5.4 CITY			***550.00		
THLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	ŧ			•	M/V
STREET ADDRESS			6.3 S1RE	ET ADDI	RESS			Tul
CITY-ST-ZIP			6.4 CITY	- S1 - ZIF	,			, ~/*

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 logal 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 or an attachment with an address.