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 Apr 28 1998 8:00am Secretary of State

FILED

	, 1000	THE REPORT				2
DOCUMENT # P 97000098039						
F10	ORIDA ST.					
11	/C.					
	ace of Business	Mailing Addre		0 / 61	,	
441	N. Del Prad t #9 pe Coral,FL,	o BL rd 441	N.Del	Trado BLVA	7 .	
1100	+#9	Uni	7#9		DO NOT WRITE IN	N THIS SPACE
	a Caral II	23990 Can	o Bral	(I) 22990	3. Date Incorporated or Qualified	
				12,00110		
 	Place of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For
Suite, Ap	t. #. etc.	26 Suite Apt	# elc		65-0773733	Not Applicable
22		27	., 0.0.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	?		6. Election Campaign Financing	\$5.00 May Be
23	·	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	<u> </u>	Country	8. This corporation owes or has paid t	
24	9 Name and Address of	29 Current Registered Agent	[30]	<u></u>	Personal Property Tax due June 30	
				81 Name	10. Name and Address of New Regis	tered Agent
~5°C	yke, Gisc	eld.				····
44	YKE, GISCIN P.	rado BLvd	#9	82 Street Addre	ess (P.O. Bax Number is Not Acceptable)	
				83		
	ape Coral	176, 359	90	84 City		
s	•					FL 85 Zip Code
11. Pursuant	to the provisions of Sections	607.0502 and 607.1508, Floring Such cha	ida Statutes, th	he above-named corporation	oration submits this statement for the purp on's board of directors. I hereby accept th	ose of changing its registered
agent. I	am familiar with, and accept t	he obligations of, Section 60	7.0505, Florida	Statutes.	ons board of offectors, Thereby accept to	e appointment as registered
SIGNATURE						
12,	Signature, lyped or printed hame of req OFFIC	ERS AND DIRECTORS		gistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	C AND DIRECTORS IN 10
TITLE	7	П,	C) ETC	LITITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	Boyke, Gi	seld Prado Blva Al, Fl, 339		1.2 NAME		
STREET ADDRESS	1441 N. Del	Prado BLVa	777	1.3 STREET ADDRESS		
CITY-ST-ZIP	Cape Cor	U, FL, 339	90	1.4 CiTY+ST-ZIP		
TITLE	2	, , ,	ELETE	21 THILE		Change Addition
NAME	Soyke, Ju	Starta Rlud	' #9 F	2 2 NAME		
STREET ADDRESS	441 N. OCI	1 II 2294	(' T	2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Cape Cora	ergen Prado Blvd 1, Fl, 3399	ELETE 2	2 4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	☐ Change ☐ Addition
RAME				3 2 NAME		Ca change Ca Addition
STREET ADDRESS				3.3 STREET ADORESS		
CITY-ST-ZIP			3	34 CITY-ST-ZIP		
TITLE		D D	ELETE 4	1 1 TITLE		☐ Change ☐ Addition
NAME			4	1 2 NAME		
STREET ADDRESS			4	3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Di Di		I.4 CITY - ST - ZIP		
NAME			2	S.1 TITLE	700002505 -04/30/9801008 ***150.00	5.55 Addition
STREET ADDRESS				2 NAME 3 STREET ADDRESS	***150.00	>005
CITY+ST-ZIP				4 CITY-ST-ZIP		j
TITLE		□ DE		1 Title		Change Addition
NAME (6	2 NAME		20
STREET ADDRESS			6.1	3 STREET ADDRESS		Je _ J
ITY-SI-ZIP			6.4	4 CITY - ST - ZIP		14,721

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.