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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	NG IN NOTRUMP, INC.	00106118 (7)			
Principal Plac	e of Business	Mailing Address			EBIID DI(E) 11987 (1888) (D(1 1881
10098 42ND DRIVE SOUTH BOYNTON BEACH FL 33436		10098 42ND DRIVE SOU BOYNTON BEACH FL 3		DO NOT WRITE IN TH	HIS SDACE
				3. Date Incorporated or Qualified 12/17/1997	10 01 7/02
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0804829	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	☐ Yes ☐ No
	g, Name and Address of Curr	ent Registered Agent	041 1/2	10. Name and Address of New Register	ed Agent
KOGUT, S D 10098 42ND DRIVE SOUTH			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ВО	YNTON BEACH FL 33436		83		<u> </u>
			84 City		85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, tyried or priviled name of registered in	te of Florida. Such change was igations of, Section 607.0505, Fl	authorized by the corpora orida Statutes. IE: Registered Agent signature requ		appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D Kogut, S D	☐ DELETE	1.1 TITLE		Change L Addition
NAME STREET ADDRESS	10098 42ND DRIVE SOUTH		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 3343		1.4 CITY - ST - ZIP		
TITLE	Ď	☐ DELET E	2.1 TITLE	<u> </u>	Change Addition
NAME	PAVLICEK, MABEL		2.2 NAME		
STREET ADDRESS	10098 42ND DRIVE SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 3343		2. 4 CITY - ST - ZIP	<u> </u>	Tourse District
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OVERTE LEDGES			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETÉ	4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ • _
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T pertre	5.4 CITY-ST-ZIP		Change Laday-
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP 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.