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COF ANNI	PROFIT RPORATION JAL REPORT 1998	FLORIDA D Sand Se	EPARTMENT OF STATE ITA B. Mortham cretary of State I OF CORPORATIONS	F	PROVED AND ILED
DOCU 1. Corporatio CARIBI Principal Place 710 EXECUTI		Mailing Address 710 EXECUTIVE CE WEST PALM BEACH	NTER DR #12-31	SECRETAR FALLAHAS:	6 PM 3: 48
	lace of Business XECUTIVE CENTEL DQ	2a. Mailing Address	SAME	DO NOT WRITE 3. Date Incorporated or Qualified 12/26/1997 4. FEI Number 65 - 08 0 - 24 6	Applied For
Suite, Apt.	#, etc. C. Esam	26 Suite, Apt. #, etc.	1-34	Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	5 T PALLABEACH FLA	28	Ame	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 33	9. Name and Address of Current	Zip Signary Registered Agent	E. 30 Same	This corporation owes or has pai Personal Property Tax due June Name and Address of New Rec	30. Yes No
MU	ILLIN, JAMES G		81 Name	Mulder to as 35	
	63 N.W. BOCA RATON BLVD., #2	205	82 Street Ad	Idress (P.O. Box Number is Not Acceptable	le) - +4-2
BC	CA RATON FL 33431		83 -		MONTH SOO
				>0m B	
			84 City C	XA PLATON	FI 85 Zin Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	and 607.1508, Florida S of Florida, Such change tions of, Section 607.050	Statutes, the above-named co was authorized by the corpor 5, Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered
					and Material Control of the Control
SIGNATURE					DATE
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. DIRECTORS	(NOTE, Registered Agent signature rec		DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AND	and title if applicable.	(NOTE, Registered Agent signature red 13.	quired when reinstating)	DATE
SIGNATURE 12. TITLE NAME	Signature, typed or privide name of registered agen OFFICERS AND D SMITH, FRANK	and title if applicable. DIRECTORS DELETI	(NOTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	quired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or privide name of registered agen OFFICERS AND D SMITH, FRANK 710 EXECUTIVE CENTER DR.,	rand title # applicable. DIRECTORS DELETT #12-31	(NOTE, Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	aufred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME	Signature, typed or privide name of registered agen OFFICERS AND D SMITH, FRANK 710 EXECUTIVE CENTER DR., WEST PALM BEACH FL 33410 D	rand title # applicable. DIRECTORS DELETT #12-31	(NOTE, Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition 35001 1 - 3 8 01025 023 and time
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or privided name of registered agents OFFICERS AND D SMITH, FRANK 710 EXECUTIVE CENTER DR., WEST PALM BEACH FL 33410 D SMITH, JACQUELINE	#12-31	(NOTE, Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CMY-ST-ZIP TALE	Signature, typed or privided name of registered agents OFFICERS AND D SMITH, FRANK 710 EXECUTIVE CENTER DR., WEST PALM BEACH FL 33410 D SMITH, JACQUELINE 710 EXECUTIVE CENTER DR.,	#12-31	(NOTE, Registered Agent signature red 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12 Change Addition 35001 1 - 3 8 01025 023 and time
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14. I hereby certify that the Information supplied with this filling 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.

SIGNATURE:

SIGNATURE:

6.3 STREET ADDRESS

STREET ADDRESS