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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 10 1998 8:00am Secretary of State

1	998	A CONTRACTOR	DIVISION OF	CORPORATIONS					
DOCUM 1. Corporation RPH & /	MENT # P(ASSOCIATES, INC	9 700 0108	8651 (5)				iri iros robi s	I(E) (IA) (A)	
Principal Place	of Business	Mailir	ıy Address			L CARLINDS HIN (BUIL HABIL BASH BASH) BOIR CLOIR LA	IOI ISHID SHOLDI	194 1191 1891	
\$200 TOWN CENTER CIRCLE. SUITE 301 BOCA RATON FL 93496 JU JU SECON TOWN CENTER CIRCLE: SUITE 301 BOCA RATON FL 93496						DO NOT WRITE IN THIS SPACE			
Day Plant Schaft -> Same.						3. Date Incorporated or Qualified	SPACE		٦
	Katon, FL 3	3496			4.	12/30/1997			
2. Principal Pla	ce of Business	/ '4 . L 🗀	ailing Address	4 / 6	M L	4, FEI Number	P-1	optied For	1
21 22 47	1.W. J.	2 5 26	224/	NIG S	<u> 51</u>	650613692		ot Applicable	Į
Suite, Apt. #,	, etc.	27	ilte, Apt. #, etc.	^ (5. Certificate of Status Desired		Additional equired	
CAYA State	O.L.	FL 28 (ly & State	Lea Po		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees]
7in	Country		D VI	Coyntry	7	8. This corporation owes or has paid the cu			1
24 3349	16 25 Palm	Beach 29	33496	30 8 g/m 10	ends	· · · · · · · · · · · · · · · · · · ·		No_	
	9. Name and Addres	s of Current Register	ed Agent			10. Name and Address of New Registered	Agent]
GRA	NET, LLOYD			81 Nam	е				
) town center (1	RCLE, SUITE 301		82 Stree	et Addre	ss (P.O. Box Number is Not Acceptable)			1
BOC	A RATON FL 33486			83					-
				[63]					ļ
				84 City		FL	85 Zip	Code	1
11. Pursuant to office or reg	the provisions of Section	ons 607.0502 and 607. in the State of Florida.	1508, Florida Statu Such change was	ites, the above-name authorized by the co	d corpo	pration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing it pointment as	ls registered registered	
agent. I am	familiar with, and acce	pt the obligations of, Se	ection 607.0505, F	lorida Statutes.					l
SIGNATURE	gnature, typed or printed name:	of registered agent and title if an	okcable (NO	TE: Registered Agent signat	ure required	of when reinstating) DATE			را
12.		FICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	IS IN 12	ξ
TITLE	Prosident		☐ DELETE	1.1 TITLE	T		Change	☐ Addition] {
NAME	RON HOM	9.11		1.2 NAME					2
STREET ADDRESS	Day THE	15635		1.3 STREET ADDRESS	3				Į
CITY-ST-ZIP	Bexa Kata		496	1.4 CITY-ST-ZIP	 _		100	T Addition	٥
TITLE	Susan Ho	wige	☐ DELETE	2.1 TITLE	1		L Change	Addition	`
NAME	Once res	- cotto ct.		2.2 NAME 2.3 STREET ADDRESS					İ
STREET ADDRESS CITY-ST-ZIP	Say Ton	FL 3349		2.4 CITY-S1-ZIP	'	i de la companya de			
TITLE	BUCG FORWY.		DELETE	3.1 TITLE	+		Change	Addition	1
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CITY-ST-ZIP				3.4. CITY-ST-ZIP]
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STREET ADDRESS				4.3 STREET ADDRESS	3				
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	 -		Change	Addition	ł
NAME				5.2 NAME	1		- Oligings	((۱۱۱۱۰۰۰ بے	١
STREET ADDRESS				5.3 STREET ADDRESS	,				
CITY-ST-ZIP				5.4 CITY-ST-ZIP					١
TITLE			☐ DELETE	6.1 TITLE	1		Change	Addition	1
NAME				6.2 NAME	1				1
STREET ADDRESS				6.3 STREET ADDRESS	3				1
CITY-ST-ZIP				64 CITY - ST - ZIP	1				
14. I hereby cer	rtity that the information	supplied with this filing	nations not qualify the	for the exemption sta	ted in S	Section 119.07(3)(i), Florida Statutes. I further co	ertify that the	Information	1