AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Aug 04, 1999 8:00 am Secretary of State

08-04-1999 90006 013 ***550.00

DOCUI	MENT # P98000	074221		
1,	HOLDINGS, INC.			
I LAIG I	IOEDINGO, INC.			L (BONZON THE 1970) (THU CONTI SOM) BONG BRING HORS FORD THE HEAL HALL FIRM
Principal Place	of Business	Mailing Address) i Billidet dis seist (alt) abris ediri abilit aditi fütte non man man man
1486 SAILBOA		1486 SAILBOAT	••••	
WEST PALM B	BEACH FL 33414	WEST PALM BEACH FL	33414	DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualified
				08/25/1998
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number Applied For Applied For
	th Street	28 225 9th St	reet	65-085 9305 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be
	Palm Beach, FL	28 West Palm	Beach. FL	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
24 33401	25	29 33401	30	Intangible Personal Property. X Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
CAL	JERBERG, ERIC M ESQ.		Name	
	U.S. HIGHWAY ONE		\$2 Street	Address (P.O. Box Number is Not Acceptable)
	TE 400		83	
NOF	RTH PALM BEACH FL 33408		<u> </u>	
)			84 City	FL 85 Zip Cods
11. Pursuant	to the provisions of sections 607.0502	and 607,1508, Florida Statut	es, the above-named o	corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obliga	of Florida. Such change was tions of, section 607.0505, Fl	authorized by the corp oride Statutes	poration's board of directors. I hereby accept the appointment as registered
			опа ощио.	4
SIGNATURE				
	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signatu	re required when reinstating) DATs
12.	Signature, typed or pricted name of registered agent OFFICERS AND	and the # applicable. (N O DIRECTORS	OTE: Registered Agent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	Signature, typed or pricted name of registered agent OFFICERS AND	and title if applicable. (N	OTE: Registered Agent signatu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	Signature, typed or pricted name of registered agent OFFICERS AND	and the # applicable. (N O DIRECTORS	OTE: Registered Agent signati 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	Signature, typed or pricted name of registered agent OFFICERS AND D FLAIG, JOHN O 1486 SAILBOAT	and the if applicable. (NO DIRECTORS DELETE	OTE: Registered Apert signatu 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P D X Change Addition
12. TITLE NAME STREET ADDRESS	Signature, typed or pricted name of registered agent OFFICERS AND D FLAIG, JOHN O	and the if applicable. (NO DIRECTORS DELETE	OTE: Registered Agent signatu 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P,D Z Change Addition 225 9th Street
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this annual report or supplemental shrutal report is true and accurate and that my signature shall have the same legal effect as if made under path; 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:

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