FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									- FILED			
	PROFIT RPORATIO	INI OF THE			A DEPARTI				Jan 29 19			Oam
	JAL REPO		4	Si	andra B. Secretary		'		Jan 29 19	90 (5.0	Vaiii
	1998	125	45	DIVISI	ON OF CO	RPORATI	ONS		Secretar	\mathbf{v} \mathbf{o}	f Si	tate
 Corporatio 		# SO9092 OUSINE SERVICE	_	(5	5)							
Principal Plac	e of Business		Maii	ling Address								
47557 CLARIDGE OVAL WEST- BOCA RATON FL-334504336 9110 FND. AN RIVER RUN PO BOX 810861								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
Both	Tom 12674	4, FIA 33	²³ 7	BOCA	KATON	1223	- 3 <i>481</i>	,	10/26/1990			
2. Principal P	lace of Busine	ess	_	Mailing Addre	ess				4. FEI Number		\rightarrow	Applied For
Suite. Apt.	#, etc.			Suite, Apt. #,	etc.	· · · · · · · · · · · · · · · · · · ·			65-0224249 5. Certificate of Status Desired		\$8.7	Not Applicable Additional
22 City & Stat	e		27	City & State				 	6. Election Campaign Financing			Required May Be
Zip		Country	28	Zip		Countr	,		Trust Fund Contribution	14 15		ed to Fees
24	12	25	29	Δ : D	3	_ `	,		This corporation owes or has pa Personal Property Tax due June	_	ent year] Yes	Intangible ☐ No
		and Address of Curre	it Registe	ered Agent			T		10. Name and Address of New Re	gistered A	lgent	
	ODIG, GREG					81	Name					
	30 N FEDER LALIDERDAI	AL HWY LE FL 33305				82	Street	Addres	ss (P.O. Box Number is Not Acceptab	ole)		
• •	O (ODENDA	2 1 2 00000				83						
						84	City				85 Zi	ip Code
11 Durangan	to the province	one of Continue 607 055	12 and 607	7 1600 Closid	la Statutas	the show	1		rotion authority this statement for the	FL	phonoine	a ito registered
office or r agent. I a	egistered age m familiar with	ent, or both, in the State a, and accept the oblig	of Florida ations of,	Such changes Section 607.0	ge was aut 0505, Florid	horized by	y the corps.	poratio	ration submits this statement for the polynis board of directors. I hereby accept	ot the appo	ointment	as registered
SIGNATURE	Clonetive broad o	x printed name of registered agr	ent and little if	nonticable.	/NOTE: 5	Registered Ac	ant cionati ra	o rocuirod	f when reinstating)	DATE		
12.	algitatule, typed c	OFFICERS AN			(4012.1	13.	a it signature	a radoneo	ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN 12
TITLE	D			LI DEI	LETE	1.1 TITLE		Ì			L Chang	e 🔲 Addition
NAME	_	ii, Hënry J Aridge oval- w	9110 L	TWO LAN	RIVE	L TOWAME	/					
STREET ADDRESS	BOCA RA		Bo 4N1	TON BEA	rest -	1,3 STREET						
CITY-ST-ZIP TITLE				DEI	LETE	2.1 TITLE)1 - Lu				Chang	e 🔲 Addition
NAME						2.2 NAME						
STREET ADDRESS						2 3 STREET	ADDRESS					
CITY-ST-ZIP TITLE				DEI	FTF	2. 4 CITY - 3.1 TITLE	ST-ZIP				Change	e Addition
NAME					LLIL	3.2 NAME						7 130000011
STREET ADDRESS						3.3 STREET	ADDRESS					
CITY-ST-ZIP						3.4. CITY-	ST-ZIP					
TITLE				DE	LETE	4.1 TITLE				į	Changi	e 🔲 Addition
name Street address						4, 2 NAME 4,3 STREET						
CITY-ST-ZIP						4,4 CITY-S						
TITLE				☐ DEI	LETE	5.1 TITLE			Maria Maria .		Changi	e Addition
NAME						5.2 NAME						
Street Address						5.3 STREET						
CITY - ST - ZIP TITLE				☐ DEI	ETE	5.4 CITY - S 6.1 TITLE	i - ZiP			ĺ	Change	e Addition
								1				

14. I nereby 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 an an attackment with an address.

SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADORESS