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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio	MENT :	# S210 3	37	(4)						
		ENTS, INC.		• • •						
								()00011310 110 11001 1101 00100 11111 1601 01211 01011 01011		1 4 (4) 1 1 ()
Principal Place of Business Mailing Address							-			
				2328 10TH AVENUE NORTH						
SUITE 401				SUITE 401						
LAKE WORTH FL 33461				LAKE WORTH FL 33481				DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
2. Principal Place of Business				2a. Mailing Address				12/27/1990 4. FEI Number	IAn	plied For
21				26				65-0248274		t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5 Certificate of Status Desired		Additional
City & State				City & State			•		Fee Re	·
23				28					D.UU Added t	May Be o Fees
Zip	Country					Country		8. This corporation owes or has paid the current	ear Inte	angible
24				9 30				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
9, Name and Address of Current Registered Agent							Name	10. Name and Address of New Hegistered Agen	ıt	
	EIN, CHARLE					11				
802 N.W. 2ND AVENUE DELRAY BEACH FL 33444					l e	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
						3				
:					ε	4	City	p., 85	Zip C	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statidas, the e						IVE:	named corpo	vation submits this statement for the purpose of char	ogina ite	e registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
	Signature, typind or	printed name of registered a				gen	nt signature required		•	
12.	PD	OFFICERS A	ND DIREC	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICERS AND DIR		
NAME	UDWIN, DENNIS			- ·		1.1 TITLE 1.2 NAME			hange	☐ Addition
STREET ADDRESS						1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33486					1.4 CITY-ST-ZIP				
TITLE	VST			DELETE	2.1 TITLE				hange	Addition
NAME	STEIN, CHARLES			2.2 h		2.2 NAME				
STREET ADDRESS				2.3 8		2.3 STREET ADDRESS				
CITY-S1-ZIP	DELRAY BEACH FL 33444					2. 4 GITY - ST - ZIP				
TITLE				☐ DELETE	3.1 TITLE				hange	Addition
NAME STREET ADDRESS					3.2 NAM		IDODECC			
CITY-ST-ZIP	335						NOORESS			1
TITLE				☐ DELETE	4.1 TITLE	_	- 447	П	hange	Addition
NAME					4. 2 NAM				~ -	
STREET ADDRESS					4.3 STRE	ET A	ODAESS			
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		4.4 CITY	٠ST٠	·ZIP			
TITLE				☐ DELETE	5.1 TITLE			□ C	hange	☐ Addition
NAME					5.2 NAM					
STREET ADDRESS					5.3 STRE					
CITY-ST-ZIP TITLE				☐ DELETE	5.4 CITY 6.1 TITLE		- ZIP	П	hange	Addition
NAME				beer 16	6.2 NAMI				wan Ac	- vooiiion
STREET ADDRESS					6.3 STRE		DORESS			l
CITY-ST-ZIP					6.4 CITY	ST-	-ZIP			i
14. I hereby c	ertify that the i	nformation supplied	with this f	ling does not qualify for	or the exem	otio	on stated in Se	ection 119.07(3)(i), Florida Statutes. further certify the	nat the	information

indicated on this annual report or suppliernemed auritar report is used officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attechment with an address at my signature shall have the same legal effect as it made under oath; that I am ar report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 29 1998 8:00am

Secretary of State