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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S25011

(5)

FEDERAL PURSUITS, INC.

-	FILEJ	D
Jan 26	1998	8:00am
Secre	etary o	of State

•	ce of Business	Mailing Address							
7491 N. FED 176	HWY	7491 N. FED HWY 176							
BOCA RATO	N FL 33487	BOCA RATON FL 33487	,			DO NOT WRIT	E IN THIS	SPACE	
ŲS		US				3. Date Incorporated or Qualified 01/15/1991			
	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26			<del></del>	65-0254751		1	Not Applicable
Sulte, Apt		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired			Additional Required
City & Sta	te	City & State				6. Election Campaign Financing	_	\$5.0	O May Be
<b>23</b> Zip		28	T 6			Trust Fund Contribution			d to Fees
24	Country	Zip	Countr	ry		8. This corporation owes or has p			
24	25 9, Name and Address of Curre	29 ant Registered Agent	30			Personal Property Tax due Juni 10. Name and Address of New Ri			∐ No
D/	ND, SCOTT	Mit nogistoreo Agent	81	1	Name	10. Name and Address of New H	agistereo	Agent	
	'4 CAMINO LAKES CIR		Ľ	1					
	OCA RATON FL 33486		62	2	Stroet Addres	ss (P.O. Box Number is Not Accepta	ble)		
D(	DON PATON PL 33400		83	-					
,			"`						
:			84	1	City		F. 1	85 Zip	p Code
44 Pureupnt	to the provisions of Sections 607.06	02 and 607 1609 Florida Statu	too the abo	1	nomed some	ration submits this statement for the	FL	<u>-                                    </u>	
SIGNATURE	m familiar with, and accept the obli-		TE Registered Ας		signature required	d whon reinstating)	DATE		
TITLE	PO	DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFI	JEHS ANL		
NAME	RAND, SCOTT	occen	1.1 TITLE 1.2 NAME					L_ Change	Addition
STREET ADDRESS	774 CAMINO LAKES CIR				nnni ee				
CITY-ST-ZIP	BOCA RATON FL		1.3 STREE						
TITLE		DELETE	1.4 CITY - 2.1 TITLE	21.1	ZIF			Change	Addition
NAME			2.2 NAME					L_1 onango	
STREET ADDRESS			2.3 STREE		JUDEGG				
CITY-ST-ZIP			2 4 CITY-						
TITLE		DELETE	3.1 TITLE	31.	211			Change	Addition
NAME			3.2 NAME		}				
STREET ADDRESS			3.3 STREE		DDRESS				
CITY-ST-ZIP			3 4. CITY-		Į.				
TITLE	-	DELETE	41 TITLE	_				Change	Addition
NAME			4. 2 NAME						٠
STREET ADDRESS			4.3 STREE	I AD	IDRESS				
CITY-ST-ZIP			4.4 CITY+:	ST - 2	ZIP		,	9	
TITLE		☐ DELETE	5.1 TITLE				- V.	Charge	Addition
NAME			5.2 NAME				11	1/.	_
STREET ADDRESS			5.3 STREET	T AD	DRESS		$\mathcal{I}()$	1/2	6
CITY-ST-ZIP			5.4 CHY+3	ST - Z	ZIP		$\mathcal{L}_{\mathcal{L}}$	<u>/ _ ` </u>	<u> </u>
TITLE		DELETE	6.1 TITLE			** ***********************************	~ · · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			62 NAME		-	-100002412		.l.	
STREET ADDRESS			6.3 STREET	TADI	DRESS	-01/27/9801024	010		
CITY-ST-ZIP	and the that the info		6.4 CITY-5			***150.00			
indicated	on this armual report or supplication!	tal annual report is true and acc	turale and th	ı ter	my signature port as require	ection 119.07(3)(i), Florida Statutes. I shall have the same logal effect as i ed by Chapter 607, Florida Statutes;	f mada un	dor oath de	hat Laman '
		15 011 1			( 11				

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporatio	MENT # <b>S2501</b> IAL PURSUITS, INC.	1 (5)			
Principal Plac	e of Business	Mailing Address		T TABLITAND TIM BLODE BEITE BURGE FINDS FINT OFF	II ALDII ALDII DIBII DIDII DIBN IDDI
7491 N. FED	HWY	7491 N. FED HWY			
176 BOCA RATO	N EI 49407	176 BOCA RATON FL 33487		DO NOT WRITE IN T	THIS SOME
US	H 1 C 33401	US		3. Date Incorporated or Qualified	ITIIS STACE
		-		01/15/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0254751	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		9. Certificate of Statos Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	T. Country	Trust Fund Contribution	
24	25	Zip 29	Country	8. This corporation owes or has paid the	
24	9, Name and Address of Curren		[30]	Personal Property Tax due June 30.  10. Name and Address of New Registe	
RA	ND, SCOTT		81 Name		area region
	4 CAMINO LAKES CIR		22		
	ICA RATON FL 33486		82 Stroet Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			24		
			84 City		FL 85 Zip Code
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 register of 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					
12.	Signature, typed or printed name of registored age OFFICERS AND		E Registered Agent signature requ		AND DIDECTORS III 40
TITLE	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	RAND, SCOTT		1.2 NAME		C change C Addition
STREET ADDRESS	774 CAMINO LAKES CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		•
TITLE	•	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		- · -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - S1 - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY - ST - 7IP		
TITLE		DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY-ST-ZIP		Doubte	4.4 CITY - ST - ZIP		A
TITLE		☐ DELETE	5.1 TITLE		☐ Chaptge ☐ Addition
NAME CTOSET ADDRESS			5.2 NAME	$\leq$	K 1/n,
STREET ADDRESS			5.3 STREET ADDRESS	$\mathcal{A}$	11/26
CITY-ST-ZIP TITLE		DELETE	5.4 CITY+ST-ZiP 6.1 TITLE		Change Addition
NAME		La Octob	62 NAME	1000024127	Control Nutrition
STREET ADDRESS			6.3 STREET ADDRESS	1000024127 -01/27/98010240	110
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	
			0.5 OH 1 O1 TH		

14. I hereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employed 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 attacks.