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

1. Corporatio	MEN 1 # S3396 CAL SYSTEMS OF BOCA	• •						
Principal Place of Business Mailing Address						E DEBATETE INN STORE INTO COTTN DITEL MARK CONTINUE)la Billih Obobi Efd	ii Bibis inn:
P O BOX 830		P OBOX 830726				1		
MIAM! FL 33283-0726		MIAMI FL 33283-0726				DO NOT WRITE IN THI	S SPACE	
US		US				3. Date Incorporated or Qualified		
						02/22/1991		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T A	pplied For
21		26	26			65-0246062	N	ot Applicable
Suite, Apt	#, etc.	Suito, Apt. #, etc.		· · · · · ·		5. Certificate of Status Desired		Additional
22		27				C. Commodic of Charles Desired		equired
City & State		City & State		6. Election Campaign Financing		May Be		
23 Zip	Country					Trust Fund Contribution		to Fees
24	25	29	30	n ili y		This corporation owes or has paid the of Personal Property Tax due June 30.		itangible No
	9. Name and Address of Curre		1301			10. Name and Address of New Registere		20110
MO	TLEY, GARY			81 N	ame			
11835 SW 79 TERR				62 S	root Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33183				02 3	reel Addi	less (P.O. BOX Number is Not Acceptable)		
				83				
			-	84 C			At Zin	Code
					•	F	L []	
SIGNATURE	Signature, typed or printed name of registered a		TE Registered			contain submits this statement for the purpose ion's board of directors. I hereby accept the appearance when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI		
12.	DP OFFICERS AI	ND DIRECTORS DELETE	13.	T) E		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	MOTLEY, GARY			1.2 NAME			CT Oranigo	
STREET ADDRESS	11835 SW 79 TERR			MEET ADD	oree			
CITY-ST-ZIP	MIAMI FL			TY-ST- <i>Z</i> #				
TITLE	DELETE			2.1 TITLE		T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Change	☐ Addition
NAME I			2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET ADD	RESS			
CITY-ST-ZIP			2. 4 CI	ITY-ST-ZI	P			
TITLE		☐ DELETE	3.1 7.17	LE			Change	☐ Addition
NAME			3.2 NA	ME	ļ			
STREET ADDRESS			3 3 ST	REET ADD	RESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		TY-ST-Z	<u> </u>			
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NAME			4. 2 N					
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CITY-ST-ZIP		DELETE		TY-ST-ZIF	- 		Change	Addition
TITLE		☐ O£LETE	5.1 TIT		1		CT CHANGE	TT MONTOU
NAME STOCKE ADDRESS			5.2 NA					
STREET ADDRESS				REET ADD	- 1			
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6.1 TIT	TY-ST-ZIF			Change	Addition
re			0.7 (1)	LL			L Originate	

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 or 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 on an attachment with an address

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

FILED

Apr 21 1998 8:00am

Secretary of State