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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S69020

(3)

MARLENE J. BATAVIA, P.A.

FILED May 11 1998 8:00am Secretary of State

Principal Place of Business 4900 UNTON BLVD. SUITE 29		Mailing Address 4900 LINTON BLVD. SUITE 29				DO NOT WRITE	IN TUIC	SPACE		
Delray Bead US	CH FL 33445-6686	DELRAY BEACH FL 33445-6686 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
		•				07/26/1991				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				65-0273264		Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		Fee Required		
City & Stat		City & State	28			Election Campaign Financing Trust Fund Contribution	Added to Fees			
	Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible				
24	4 25 29 29 P. Name and Address of Current Registered		30 ent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
1A/F		in negistered Agent		1 Nar	ne	10. Name and Address of New No	Bisrai ac 1	-tgoilt		
WERK S MAN, ALAN J. 160 SQ UTHWEST 12TH AVENUE										
	TE 109		1	32 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	oie)			
	ERFIELD BEACH FL 33442		8	33						
				4 City		<u></u>		85	Zip Code	
					′		FL	53	Lip Code	
SIGNATURE	m familiar with, and accept the oblig	pert and title diapposable (N	IO1£ : Registered a		at.re required	when reinstating)	DATE			
12.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D BATAVIA MADIEME I	☐ DELETE	1.1 1074					L] Char	ige L. Addition	
NAME Street Address	BATAVIA, MARLENE J. 7610 GLENDEVON LANE		1.2 NAM	ie Eet addre						
CITY-ST-ZIP	DELRAY BCH FL		1	- ST - ZIP	33					
TITLE	DELIVIT DOTT I	DELETE	2.1 TITL					Char	ige Addition	
NAME			2.2 NAN	1E						
STREET ADDRESS			2.3 \$1R	EE1 ADDRE	ss					
CITY-ST-ZIP				Y-ST-ZIP						
TITLE		☐ DELETE	3.1 TITL					L Char	ige Addition	
NAME			3 2 NAN	_						
STREET ADDRESS				EET ADDRE:	SS					
CITY-ST-ZIP TITLE		Delet e	3.4. C(1) 4.1 T(TL	Y - S1 - ZIP F				Char	ige Addition	
NAME			4. 2 NA							
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CITY-ST-ZIP				-ST-ZIP						
TITLE		DELETE	5.1 TITL					☐ Char	ge Addition	
NAME			5.2 NAN	1E						
STREET ADDRESS	,			EET ADDRES	SS					
CITY-ST-ZIP	The state of the s	T hereve		· ST · ZIP				T 6-	an Budus-	
TITLE	:	L DELETE	6.1 TITL					Char	ige	
NAME CANCEL LOCATER			6.2 NAM		er					
STREET ADDRESS				EET ADDRE:	55					
CITY-ST-ZIP	<u> </u>	33 3 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 	■ 64 CITY	-\$1-ZIP		110 07/00/00 51 11 00				

I hereby certify that the information supplied with his 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or main attachment with an address.