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 # S69892

(5)

FILED May 06 1998 8:00am Secretary of State

Principal Piace	e of Business	Mailing Address 384 S. MILITARY DEERFILED BEACH US				DO NOT W	RITE IN THIS		
00		Çu			3. D	ate Incorporated or Qualifi	ied		
						07/26/1991			
	lace of Business	2a. Mailing Addres	SS		4. FI	El Number		<u> </u>	oplied For
21		26				<u>59-3088546</u>			ot Applicable
Suite, Apt.		Suite, Apt. #, e)(C.		5. C	ertificate of Status Desired	1 🗆	—	Additional equired
City & State	e	City & State				lection Campaign Financin			May Be
23		28				rust Fund Contribution			to Fees
Zip	Country	Zip	j	untry		his corporation owes or ha			
24	25 g, Name and Address of Currer	29 29 Agent	30	1		ersonal Property Tax due . ame and Address of Nev			_] No
		good agoid		B1 Name		THE PROPERTY OF THE PROPERTY O	- iogierorou	gont	
	OLDSTEIN, MARLENE								
	5 AVENUE "L" LRAY BEACH FL 33483			82 Street	Address (P.O	. Box Number is Not Acce	eptable)		
DE:	LIMI DEMON PL 33463			83			·		
				84 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	bove-named	d corporation s	submits this statement for t	the purpose of	of changing i	is registered
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature typed or profed name of registered age	of Florida. Such change ations of, Section 607.05	e was authorize 505, Florida Sta	ed by the contuitules.	d corporation s rporation's boat o required when rei	ard of directors. I hereby a	the purpose of cocept the app	of changing in contract as	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligi Signature typed or profiled name of registered age OFFICERS AN	of Florida. Such change ations of, Section 607.05 and and title if applicable D DIRECTORS	e was authorize 505, Florida Sta (NOTE: Registere	ed by the contules. Agent signature	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTO	registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligi Signature, typed or printed harm of registered age OFFICERS AN	of Florida, Such change ations of, Section 607.05	e was authorize 505, Florida Sta (NOTE: Registere 13.	ed by the contules. Agent signature	rporation's boa	ard of directors. I hereby a	DATE	oointment as	registered
office or ragent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligi Signature typed or printed name of registered age OFFICERS AN PD GOLDSTEIN, MARLENE	of Florida. Such change ations of, Section 607.05 and and title if applicable D DIRECTORS	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.11	ed by the contutes. The ad Agent signature TILE IAME	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTO	registered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State in familiar with, and accept the obligion of FICERS AN PD GOLDSTEIN, MARLENE 125 AVENUE "L"	of Florida. Such change ations of, Section 607.05 and and title if applicable D DIRECTORS	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.1 T 12 N 1.3 S	ed by the control of	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTO	registered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligion of FICERS AN PD GOLDSTEIN, MARLENE 125 AVENUE "L" DELRAY BEACH FL 33483	of Florida, Such change ations of, Section 607.05 and and talled applicable D DIRECTORS	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.1T 12.N 13.S	ad by the collections of Agent signature. ITLE HAME STREET ADDRESS CITY-ST-ZIP	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI	as IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State in familiar with, and accept the obligion of FICERS AN PD GOLDSTEIN, MARLENE 125 AVENUE "L" DELRAY BEACH FL 33483	of Florida. Such change ations of, Section 607.05 and and title if applicable D DIRECTORS	(NOTE: Registers (NOTE: Registers (NOTE: Registers 13. ETE 1.17 12.N 13.S 14.C ETE 2.17	and Agent signature and Agent signature ITLE IAME STREET ADDRESS STY-ST-ZIP ITLE	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTO	registered
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State in familiar with, and accept the obligion of FICERS AN OFFICERS AN PD GOLDSTEIN, MARLENE 125 AVENUE "L" DELRAY BEACH FL 33483 TS GOLDSTEIN, MARLENE	of Florida, Such change ations of, Section 607.05 and and talled applicable D DIRECTORS	(NOTE: Pregisters (NOTE: Pregisters (NOTE: Pregisters 13. ETE 1.17 1.2 N 1.3 S 1.4 C ETE 2.1 Y 2.2 N	and Agont signature ITLE IAME STREET ADDRESS STY-ST-ZIP ITLE IAME	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI	as IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 and and talled applicable D DIRECTORS	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.1T 1.2 N 1.3 S 1.4 C ETE 2.1 T 2.2 N 2.3 S	and Agont signature ITLE IAME STREET ADDRESS STY-ST-ZIP ITLE IAME STREET ADDRESS STREET ADDRESS	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI	as IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State in familiar with, and accept the obligion of FICERS AN OFFICERS AN PD GOLDSTEIN, MARLENE 125 AVENUE "L" DELRAY BEACH FL 33483 TS GOLDSTEIN, MARLENE	of Florida, Such change ations of, Section 607.05 and and talled applicable D DIRECTORS	e was authorize 505, Florida Sta (NOTE: Pagisters 13. ETE 1.17 1.2 N 1.3 S 1.4 C ETE 2.1 7 2.2 N 2.3 S 2.4 4	and Agont signature ITLE HAME STREET ADDRESS SITY - ST - ZIP HAME STREET ADDRESS GITY - ST - ZIP	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change	as IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 and and the displacable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.1T 12.N 13.S 14.0 ETE 2.17 22.N 2.3.S 2.44 ETE 31.T	ad by the collisted as Agont signature. ITLE HAME STREET ADDRESS STY-ST-ZIP HTLE HAME STREET ADDRESS CITY-ST-ZIP HTLE	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI	Registered RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 and and the displacable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Registers 1.1T	ad by the collisted as Agont signature. ITLE HAME STREET ADDRESS STY-ST-ZIP HTLE HAME STREET ADDRESS CITY-ST-ZIP HTLE	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change	Registered RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 and and the displacable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Register 13. ETE 1.1T 12.N 13.S 14.C ETE 2.1T 22.N 2.3.S 2.4.C ETE 3.1 T 32.N 3.3.S	and Agont signature ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME IAME ITLE IAME IAME	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change	Registered RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 and and the displacable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Pregisters 13. ETE 1.1T 12.N 13.S 14.0 ETE 2.17 22.N 2.3.S 2.44 ETE 3.1T 32.N 3.3.S 3.4.0	ad by the collisted as Agont signature. ITLE HAME STREET ADDRESS STY-ST-ZIP HITLE HAME STREET ADDRESS CITY-ST-ZIP HITLE HAME HAME HAME HAME HAME	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 one and the displicable D DIRE CLORS DELE	e was authorize 505, Florida Sta (NOTE: Registere 1.1T 12 N 13 S 14 C 2.1T 22 N 2.3 S 2.4 C 3.1 T 32 N 3.3 S 3.4 C ETE 4.1T	and Agont signature ITLE IAME STREET ADDRESS STY-ST-ZIP ITLE IAME IAME ITLE IAME ITLE IAME IAME IAME IAME IAME ITLE IAME IAME ITLE IAME IAME ITLE IAME	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOL Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 one and the displicable D DIRE CLORS DELE	e was authorize 505, Florida Sta (NOTE: Registere 1.1T 12N 13S 14C 2.1T 22N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C ETE 4.1T 4.2f	and Agont signature ITLE IAME ITTLE IAME STREET ADDRESS STRY-ST-ZIP ITTLE IAME IA	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOL Change Change	RS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 one and the displicable D DIRE CLORS DELE	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.1T 12.N 13.S 14.C ETE 2.1T 22.N 2.3.S 2.44 3.1 T 3.2 N 3.3 S 3.4.C ETE 4.1 T 4.2 P 4.3 S	and Agont signature. ITLE HAME STREET ADDRESS STY-ST-ZIP HITLE HAME STREET ADDRESS CITY-ST-ZIP HITLE HAME STREET ADDRESS CITY-ST-ZIP HAME HAME HAME HAME HAME HAME HAME HAME	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOL Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida, Such change ations of, Section 607.05 one and the displicable D DIRE CLORS DELE	e was authorize 505, Florida Sta (NOTE: Registere 1.1T 12N 13S 14C 2.1T 22N 2.3S 2.4C ETE 3.1T 3.2N 3.3S 3.4.C ETE 4.1T 4.2f 4.3S 4.4C	and Agont signature ITLE HAME STREET ADDRESS STITY-ST-ZIP ITLE HAME LAME LAM	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOL Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida. Such change ations of, Section 607.05 one and the diapplicable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Registers 13. ETE 1.17 12.N 13.S 14.C ETE 2.17 22.N 2.3.S 2.4.0 ETE 31.T 32.N 33.S 34.0 ETE 4.1.T 4.2.0 4.3.S 4.0 ETE 5.1.T	and Agont signature ITLE HAME STREET ADDRESS STITY-ST-ZIP ITLE HAME LAME LAM	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change Change Change	Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida. Such change ations of, Section 607.05 one and the diapplicable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Pagisters 13. ETE 1.11 12.N 13.S 14.C ETE 2.17 22.N 23.S 2.44 31.T 32.N 33.S 34.C ETE 4.1T 4.28 4.3S 4.4C ETE 5.1T 5.2.N	and Agont signature ittle additional signature ittle additional signature ittle additional street address city-st-zip ittle adde street address city-st-zip ittle adde street address city-st-zip ittle additional street address city-st-zip ittle additional	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change Change Change	Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida. Such change ations of, Section 607.05 one and the diapplication. D DIRE CLORS DELE DELE	e was authorize 505, Florida Sta (NOTE: Registers 1.1 T	and Agont signature ittle and Agont signature ittle tame street address othy-st-zip ittle tame	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change Change Change	Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida. Such change ations of, Section 607.05 one and the diapplicable D DIRE CTORS DELE	e was authorize 505, Florida Sta (NOTE: Registers 1.1 T	and Agont signature ittle street address others address others address others address others address others address others address other addre	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change Change Change	Addition Addition Addition
Office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida. Such change ations of, Section 607.05 one and the diapplication. D DIRE CLORS DELE DELE	e was authorize 505, Florida Sta (NOTE: Registers 1.1 T	and Agont signature ittle street address stry-st-zip ittle street address city-st-zip ittle street address	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change Change Change	Addition Addition Addition
Office of ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State m familiar with, and accept the obligion of the obligio	of Florida. Such change ations of, Section 607.05 one and the diapplication. D DIRE CLORS DELE DELE	e was authorize 505, Florida Sta (NOTE: Pregisters (NOTE: Pregisters 13. ETE 1.1T 12.N 13.S 14.0 ETE 2.17 22.N 23.S 2.44 ETE 31.T 32.N 33.S 34.0 ETE 4.1T 4.27 4.35 5.1T 5.2.N 5.3.S 5.4.C ETE 6.1.T 62.N	and Agont signature ittle street address stry-st-zip ittle street address city-st-zip ittle street address	rporation's boa	ard of directors. I hereby a	DATE	D DIRECTOI Change Change Change	Addition Addition Addition

signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in