## 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 #

S80625

(4)

Principal Place 2655 N. OCE STE. #400	-	Mailing Address 1847 S.E. PORT ST. LU PORT ST. LUCIE FL 34	ICIE BLVD.			
SINGER ISLAND FL 33404 US					DO NOT WRITE IN THI	S SPAUE
į					3. Date Incorporated or Qualified	
2. Principal Place of Business 2e. Mailing Address					09/16/1991 4. FEI Number	Applied For
<del></del>		26	ing Address		59-3193065	Not Applicable
		Suite, Apt. #, etc.	#, etc.			\$8.75 Additional
22 27					Certificate of Status Desired	Fee Required
City & State City & State					Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the o	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registere	d Agent
QL	JBAIN, IMAD S		81	Name		
1847 S.E. PORT ST. LUCIE BLVD.				Street Add	ress (P.O. Box Number is Not Acceptable)	
PC	PORT ST. LUCIE FL 34952					
			83			
			84	City		85 Zip Code
					poration submits this statement for the purpose	
office or r agent. Fa SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the oblined Signature typed or printed name of registered.	ate of Florida. Such change was ligations of, Section 607 0506, F	authorized by lorida Statutes	the corpora	tion's board of directors. I hereby accept the a	ppointment as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST DELETE QUBAIN, IMAD S		1.1 TITLE		, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			1.2 NAME			
STREET ADDRESS	TREET ADDRESS 1847 S.E. PORT ST. LUCIE BLVD.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		1.4 CITY - S	T-ZIP		
TITLE		DELETE	21 TITLE		77468457	Change Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY-S	IT-ZIP		
TITLE	☐ DELETE		3.1 TITLE			Change Addition
NAME			3.2 NAME	-		
STREET ADDRESS			3.3 STREET	address		
CITY-ST-ZIP			3.4 CITY-S	T-ZIP		
THTLE	DELETE		4.1 TITLE			Change L Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	, gardente.	
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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 appears.

SIGNATURE:

561 337 411

**FILED** 

Apr 20 1998 8:00am

Secretary of State