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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Jan 29 1998 8:00am

1	JAL REPORT 1998	7.7	Secretary of State DIVISION OF CORPORATI			Secretary of State			te
DOCUI 1. Corporation	MENT # S81186	\ /	M BE						
Principal Place	e of Business	Mailing Address					UU i s aak uudu olok t	///// DIB// 4///	6 1
	MILITARY TRAIL	200 MOCKINGBIRD TR			}				
	BEACH FL 33409	PALM BCH FL 33480							
		US			<u> </u> _		VRITE IN THIS S	PACE	 -1
						Date Incorporated or Quality	ilea	-	
2. Principal Pi	lace of Business	2a. Mailing Address				09/19/1991 4. FEI Number		T Ac	plied For
21 2600	O N. FLAGLER DR.	26				65-0312248		} 	t Applicable
Suite, Apt,	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	a []	\$8.75	
22 101		27						Fee Re	quired
City & State	# 1. Er -	City & State				 Election Campaign Financi Trust Fund Contribution 	ing 🔲	\$5.00 Added t	
Zip 334	Country	Zip	Cour	ntry		8. This corporation owes or h			
24 224	9. Name and Address of Current		30			Personal Property Tax due 0. Name and Address of Ne			No
NIC		nogloterod Agent		81 Name		U. Haile and Address of No	ar riegistereu r	gent	
1	COLINI, PATRICK F. D WATERWAY RD		Ļ	-		488 4 10 10 10 10 10 10 10 10 10 10 10 10 10 			
	YAL PALM BCH FL 33411			82 Street	Address	(P.O. Box Number Is Not Acc	eptablej		
			ſ	83					
				84 City		 		85 Zip (Code
1							FL		1
11. Pursuant to	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligat	and 607.1508, Florida Statute Florida, Such change was a	s, the ab	ove-named	d corpora	tion submits this statement for s board of directors. I hereby	the purpose of	changing its	s registered realstered
agent 1 a	m familiar with, and accept the obligat	ons of, Section 607.0505, Flor	rida Stati	ites.		,			-
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE	Registered	Agent signatur	e required w	hen reinstalling)	DATE		 .
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO		DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TIT	LE				Change	Addition
NAME	NICOLINI, PATRICK		1.2 NA	ME			5		(7
STREET ADDRESS	2353 N. MILITARY TRAIL		1.3 STF	reet address	12120	o N. FLAOLER	DR #10	سوير(ļi
CITY-ST-ZIP	WEST PALM BEACH FL 33409		1.4 CIT		1				{ •
TITLE		A Property	_		WES	O N. FLHOLER TPALM BEHCH	, FL 33	407	 _!
NAME		☐ DELETE	21 TI	LÉ	WES	T PALM BENCH	FL 33	₩ 7 Change	Addition
050555 1550556	•	☐ DELETE	2.2 NA	LE ME	WES	T PALM BEHCH	, FL 33	∵ Change	Addition
STREET ADDRESS		☐ DELETE	2.2 NA 2.3 STF	le Me Eet adoress	WES	T PALM BENCH	, FC 33	∵ Change	Addition (
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			2.2 NA 2.3 STF 2. 4 CI	le We Peet adoress IY-ST-ZIP Le	WES	T PALM BENCH		Change	
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14. I hereby certify that the information supplied with this filling 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver where appears in Block 12 or Block 13 if changed, or or an attachment under address.

SIGNATURE:

HELLIRED