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

PROFIT CORPORATION **ANNUAL REPORT**

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1300	Sa in 125]		
1. Corporatio	MENT # IN NAME UN, INC.	S95188	(6)) 810 11 15 8 1
Principal Plac	e of Business		Mailing Address				I 10 DIFE ID 100 I DIOL DIEDE ILUDE IDEDE EBIL DIGIE DIOLETI	II OFAIT BIOL	01411 1001
720 N. DIXIE HIGHWAY APT 604 LANTANA FL 33462			720 N. DIXIE HIGHWAY APT 604 LANTANA FL 33462				DO NOT WRITE IN THIS S P	ACE	
							3. Date Incorporated or Qualified		
			T 112 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 -			11/13/1991		
2. Principal Place of Business			2a. Mailing Address				4, FEI Number	-	plied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0298554	\$8.75	ot Applicable
2			27				5. Certificate of Status Desired	Fee Re	
City & State	е		City & State				6. Election Campaign Financing	\$5.00	May Be
3			28				Trust Fund Contribution	Added t	lo Fees
Zip	F	Country	Zip	\vdash	untry		8. This corporation owes or has paid the curre		angible] No
<u> </u>	25 Name and	Address of Current F	[29] Registered Agent	30	T		Personal Property Tax due June 30.		7 140
IΔI	JKK an en, eer		- · · · · · · · · · · · · · · · · · · ·		81 N	ame			
	N. FEDERAL H				82 S	reet Add	dress (P.O. Box Number is Not Acceptable)		
LANTANA FL 33462							ess (F.O. DOX Nullitibel is Not Acceptable)		
					63				
					84 C	ity	FL	85 Zip (Code
office or re agent. Fai SIGNATURE	egistered agent, om familiar with, ar	of Sections 607,0502 a or both, in the State of accept the obligat	Florida: Such change was Is of, Section 97,0505, Fl William Com Co	authorize Iorida Sta	ed by the stutes.	e corpora	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoi	nanging it itment as	s registered registered
12,	Signature, typed or pro-	OFFICERS AND I		11 Hegisland		grature requ	ADDITIONS/CHANGES TO OFFICERS AND E	IRECTOR	S IN 12
TITLE	DP		☐ DELETE	· · · · · · · · · · · · · · · · · · ·				Change	☐ Addition
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TREET ADDRESS		RAL HWY #604		335	TREET ADD	RESS			
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ITY-ST-ZIP		******* ** ** ** ** ** ** ** ** ** ** *		6.4 C	ITY-ST-ZIP		6 (40 07/0/5 E)		

Thereby 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 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 address.

(561)

FILED

May 14 1998 8:00am

Secretary of State