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 # V16148

(1)

DONOVAN & BORDELEAU, P.A. CERTIFIED PUBLIC ACCOU **NTANTS**

FILED Feb 20 1998 8:00am Secretary of State



<u> </u>							
Principal Plac	ce of Business	Mailing Address	•		(10014 B11681 (1618 B118) (1911 B188	1 (A10 8181) B1A11 B1811 B18	Dit MI Dit Diûts lûts
1201 US HWY. ONE. SUITE 205 1201 US HWY. ONE. SUITE 205							
NORTH PALM BEACH FL 33408-3547 NORTH PALM BEACH FL 33408-3547					DO NOT WRITE IN THIS SPACE		
ł				F	3. Date Incorporated or Qualified		
					02/20/1992	-	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21 322	I GROVE ROAD	26 3221 GROW	K ROAD		65-0314902		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.	75 Additional
City & State					b. Certificate of Status Desireu	Fe	ee Required
City & State			CARUS		6. Election Campaign Financing		.00 May Be
Zip	Country	28 VACM DEACH	Country		Trust Fund Contribution		ided to Fees
24 3341	10 DAIN BEACH	29 33410	o Prum Be	2016	8. This corporation owes or has		
	9. Name and Address of Current I		50 1 1 1 2 2 1 2 2		Personal Property Tax due Ju 10. Name and Address of New I		No No
BORDELEAU, KATHLEEN A. 81 Name							
NO	82 Stree	reel Address (P.O. Box Number is Not Acceptable)					
			83		1,1,1,0		
			84 Citys				
				um	BEACH GARDENS	FL 85	33418
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12. TITLE	OFFICERS AND C	DELETE	13.	PD	ADDITIONS/CHANGES TO OFF		
NAME	DONOVAN, MICHAEL R.	Detter	1.1 TITLE	Li.	IOVAN, MICHAEL	⊘ Cha	nge L_ Addition
STREET ADDRESS	705 LOCHWICK TERRACE		1.2 NAME 1.3 STREET ADDRESS	T-40			
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	418		PALI		5 6/ 33	dia
TITLE	SD	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	FACI	M DEACH GARDEN.	Cha	
NAME	BORDELEAU, KATHLEEN A.		2.2 NAME			01.20	ngo 🗀 Naokon
STREET ADDRESS	3330 PINE HILL TRAIL		2.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH GARDENS FL 334	418	2. 4 City-St-ZiP			•	
TITLE		DELETÉ	3.1 TITLE	-		Chai	nge Addition
NAME			3.2 NAME				_
STREET ADDRESS			3.3 STREET ADDRESS				ŀ
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE	1		☐ Char	nge 🔲 Addition
NAME			4. 2 NAME	}			
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Char	nge 🔲 Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - ZIP	ļ. <u></u>			
TITLE		☐ DELETE	6.1 TITLE			☐ Chan	nge
NAME		ı	6.2 NAME				ļ
STREET ADDRESS			6.3 STREET ADDRESS				
CITY+ST-ZIP			6.4 CITY - ST - ZiP				i

I hereby 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 a state that my name appears in Block 12 or Block 13 if changed, or on a state that my name appears in Block 12 or Block 13 if changed, or on a state that my name appears in Block 12 or Block 13 if changed, or on the state that my name appears in Block 12 or Block 13 if changed, or on the state that my name appears in Block 12 or Block 13 if changed in the state that my name appears in Block 12 or Block 13 if changed in the state that my name appears in Block 12 or Block 13 if changed in the state that my name appears in Block 12 or Block 13 if changed in the state that my name appears in the state that my name app