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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1	MENT # V2208 IRECT CORPORATION	1 (6)					
Principal Place	e of Business	Mailing Address				(89 8384) AIBII B(8() B1841 B1	
301 YAMATO	RD	301 YAMATO RD			1		
SUITE 4110 SUITE 2115 BOCA RATON FL 33431 US		SUITE 4110 SUITE 2115 BOCA RATON FL 33431 US		201107117			
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
U\$		05			03/16/1992		
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number		Applied For
21		26			65-0319725	⊢	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	— — — · · · -		5. Certificate of Status Desired		Additional
22 2115		27 2/15 City & State			Fee F	Required	
City & Stafe		28		6. Election Campaign Financing Trust Fund Contribution	_) May Be I to Fees	
Zip	Country	7ip	Country		This corporation owes or has presented the second contribution.		
24	25 29		B, Triis corporation swood of		Personal Property Tax due June		
	g Name and Address of Currer	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
MIL	LWARD, THOMAS E.		81	Name			
301 YAMATO ROAD			82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)	
SUITE 4110			83				
ВО	CA RATON FL 33431		[83]				
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Spctions 607.050	02 and 607.1508. Florida Statu	ites, the above	-named cor	poration submits this statement for the		its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblid	of Florida, Such change was	authorized by	the corpora	poration submits this statement for the alion's board of directors. I hereby acce	pt the appointment a	s registered
SIGNATURE	Training they and accopy the draig	and on edelical collision, i	ionog otalaco	•			
GIGINATORE	Signature, typod or printed name of registered ap-		IE Registered Age	nt signature requ	ired when reinstating)	DATE	
12.	P DELETE MILLWARD, THOMAS E		13.		ADDITIONS/CHANGES TO OFFI		
TITLE			1.1 TITLE 1.2 NAME			L Change	L_I Addition
NAME Street Address	AND VALUE OF DATE OF THE ALLO			ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	4110	1.4 CITY-\$1				
TITLE	P	DELETE	2.1 TITLE	` <u></u> "		Change	Addition
NAME	MYLES, MICHAEL S		2.2 NAME	Ì			
STREET ADDRESS	EET ADDRESS 301 YAMATO ROAD, SUITE 4110		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		2.4 CHY-S	T - ZIP			
TITLE	DELETE		3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S 4.1 TITLE	T-ZIP		Change	Addition
NAME		Land Decerta	4.2 NAME				L_1 / (do///oi)
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY- \$1	l l			
TITLE		DELETE	5.1 TITLE		1.4014	☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST	- ZIP			<u> </u>
TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	4		6.3 STREET	ADDRESS			

mation 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 of or supplied that 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 optration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in detect or organization of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the indicated on this annual officer or director of the Block 12 or Block 18 if 4/21/98 561-998-7677