## 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

(1)

**FILED** 

May 14 1998 8:00am

Secretary of State

Principal Place 1601 BELVED 3RD FLOOR	_	Mailing Address 160 8ELVEOGRE SOAD 3RD FLOOR	-		
W. FAUM DE	10H FE 33100	W PACM BEACH FL 3340	JC	DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE
				03/25/1992	
2. Principal Pi	lace of Business	26. P. O. Box 2	11788	4. FEI Number	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, étc.	11000	22-2603479	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	28 W. Alm Be	each, FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	70 21/21	Country	8. This corporation owes or has paid	the current year Intangible
24	25 9. Name and Address of Curren		30 421	Personal Property Tax due June 30	
SD.	RINGER, KENNETH	r negistered Agent	81 Name	10. Name and Address of New Regi	stered Agent
	NINGEN, RENNETH OI BELVEDERE RD.				
3RD FLOOR			82 Street Addr	ess (P.O. Box Number is Not Acceptable	)
	PALM BEACH FL 33406		83		
	•		84 City		lest 7:- O-d-
			1 1 7 7		FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the minimum of the state of the stat		uthorized by the corporational Statutes.  Registered Agent signature requires	xoration submits this statement for the pur ion's board of directors. I hereby accept t ad when reinstating)	the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	DVS SPRINGER, ALAN	☐ DEL <b>E</b> TE	1.1 TITLE	•	Change Addition
NAME STREET ADDRESS	3089 CHATEAU LANE		1.2 NAME		
CITY-ST-ZIP	PALM BEACH GRONS. FL		1.3 STREET ADDRESS		
TITLE	DPT	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	<b>SPRINGER, KENNETH</b>		2.2 NAME		
STREET ADDRESS	1601 BELVEDERE RD., 3 FL		2.3 STREET ADDRESS		
CITY-ST-Z#P	W. PALM BEACH FL		2. 4 C(1Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	3 4. CITY - S1 - ZIP 4 1 TITLE		Change Addition
NAME			4 2 NAME		Fit change Ti vanitoti
STREET ADDRESS			4.3 STREET ADDRESS	*	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DEL <b>E</b> TE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Driegg	5.4 CITY+ST-ZIP		
TITLE NAME		L DELETE	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I hereby ce	ertify that the information supplied wil	h this filing does not qualify for	6.4 CITY-ST-ZIP the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information
officer or d	an mis annual rebon of stroblememal	annuai report is true <b>and accu</b> ver or trustoe empowered to o	rata and that my cionatur	e shall have the same legal effect as if ma pired by Chapter 607, Florida Statutes; and	والمسام والمسام والمسام والمسام والمسام والمسام والمسام