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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

14. I hereby certify that the information sindicated on this annual report of su officer or director of the corporation Block 12 or Block 13 if charge theory



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name V2/895 (4)								
		ING CORP	• •					
₩ ₩ III	************					A ABORT BITOTO HEART TOURS (BITOLOGICAL BITOLOGICAL		1 8:11:1 1 8: 1
Principal Plac	e of Busines	s	Mailing Address			E LANCE DISAM LINES LANDE FALLE IA.M. MILL BLATT A.	Ain atari alan afan	S BEBIL IMBI
1280 S.W. 19TH AVE. 1280 S.W. 19TH AVE.								
BOCA RATOR	N/FL 33486/		BOCA RATON FL 33486			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified		
						04/10/1992		
2. Principal P	ness	2a. Mailing Address	-		4. FEI Number	Ap	plied For	
21			26			65-0335832		t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22			27				Fee Re	
City & Stat	0		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
23 Zip		Country	28 Zip	Country	······································	8. This corporation owes or has paid the o		
24	25 29		 	30		Personal Property Tax due June 30.		No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent	
FIL	INGS, INC.			B1	Name			
	32 NW 16T			62	Street Add	iress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33311						,		
•				83				
				84	City		85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a						F	—	
office or r	remieterad ac	aont or both in the St	i502 and 607.1508, Florida Statut ate of Florida. Such change was ligations of, Section 607.0505, Fl	AUTHORIZED BY	/ the corpora	poration submits this statement for the purpose alion's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE								
				E: Registered Age	ent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 12
12. TITLE			DELETE	1.1 TITLE		ADDITIONS/OFFICIALES TO OFFICE IO A	Change	Addition
NAME	MINICK, EDITH N		_	1.2 NAME				
STREET ADDRESS		W. 19TH AVE.	,	1.3 STREET ADDRESS				
CITY-ST-ZIP		RATON FL 33486		1.4 CITY - ST - ZIP				
TITLE			DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS	DDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	P			2.4 CITY-ST-ZIP				
TITLE			☐ DELETE	3.1 TITLE			∐ Change	☐ Addition
NAME	i e e e e e e e e e e e e e e e e e e e			3.2 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZiP	DELETE		3.4. CITY - 1 4.1 TITLE	ST-ZIP		Change	Addition	
TITLE	- Onche		4.2 NAME					
NAME STREET ADDRESS				4.2 IVAIVE	Anneecc			
				4.4 CITY - S				
CITY-ST-ZIP TITLE				5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP	_			5.4 CITY - S	T - ZIP			
TITLE	-		☐ DELETE	6.1 TITLE			Change	Addition
NAME				6.2 NAME				
STREET ADDRESS:					ADDRESS			
CITY-ST-ZIP			^	6.4 CITY - 5	11 - ZIP			

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an interest the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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