## 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 #

(3)

THE PROCESS, INC.

Principal Place of Business

Mailing Address

**FILED** Jan 23 1998 8:00am Secretary of State



| 10311 SUNSET BEND DR<br>BOCA RATON FL 33428   |                                      |                      |                      |                  |   |  |             |  |
|---|--------------------------------------|----------------------|----------------------|------------------|---|--|-------------|--|
| DOOR NATOR PE 33420   | A RATON FL 33428 BOCA RATON FL 33428 |                      |                      |                  |   | DO_NOT WRITE IN THIS SPACE   |             |  |
|   |                                      |                      |                      |                  |   | 3. Date Incorporated or Qualified  |             |  |
|   |                                      | ,                    |                      |                  |   | 05/08/1992   |             |  |
| 2. POPEO DE ESTERATION FL 3343/ 26 BOCA RATON, FL 3343/ 26 BOCA RATON, FL, 3  |                                      |                      |                      |                  | 42Ni#3  | 4. FEI Number Applie   | d For       |  |
| 21 BOCA RATION  | 26 Æ                                 | 26 BOCA RATON FL.    |                      |                  | 65-0481156 Not Ap                                     | oplicable  |             |  |
| Suite, Apt. #, etc.   |                                      | Su                   | Suite, Apt. #, etc.  |                  |   | 5 Certificate of Status Desired S8.75 Addi   |             |  |
| 22  |                                      | 27                   |                      |                  |   | Fee Requir   | red         |  |
| City & State  | 28 Cit                               | City & State         |                      |                  | 6. Election Campaign Financing \$5.00 May Be          |  |             |  |
| 23  |                                      |                      |                      |                  |   | Trust Fund Contribution  |             |  |
| Zip<br><b>24</b>  | Country                              | _ <del>  _</del>     | Zip Country          |                  |   | 8. This corporation owes or has paid the current year Intangible   |             |  |
|   | 25                                   | 29<br>Int Registere  | 30                   |                  |   | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  |             |  |
| 9. Name and Address of Current Registered Agent 81  |                                      |                      |                      |                  | 81 Name   |  |             |  |
| AUGUSTA, SCHILDER   |                                      |                      |                      | Ĺ                |   |  |             |  |
| 10311 SUNSET BEND DR  |                                      |                      |                      | 8:               | 82 Street Address (P.O. Box Number is Not Acceptable) |  |             |  |
| BOCA RATON FL 33428   |                                      |                      |                      | 8:               | 1   |  |             |  |
|   |                                      |                      |                      |                  |   |  |             |  |
|   |                                      |                      |                      | 84               | City  | FL 85 Zip Cod  | e           |  |
| 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. |                                      |                      |                      |                  |   |  |             |  |
| office or registered a  | gent, or both, in the Stat           | e of Florida.        | Such change was a    | uthorized t      | y the corpor  | ration's board of directors. I hereby accept the appointment as regi   | istered     |  |
|   | nim, and accept the oblig            | ganons or, se        | CUON 607.0505, FIO   | rica Statute     | ıs.   |  |             |  |
| SIGNATURE Signature, types  | d or printed name of registered ag   | ent and title if apo | Nicable. (NOTE       | E. Registered Ad | ent signature reg                                     | quired when reinstating) DATE  |             |  |
| 12.   | OFFICERS AN                          |                      |                      | 13.              | ,   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN   | J 12        |  |
| TITLE PD  |                                      |                      | ☐ DELETE             | 1.1 TITLE        |   | 2 Channe   | Addition    |  |
| NAME SILVER   | r, Sherri J                          |                      |                      | 1.2 NAME         |   | SILVER, SHERRI J.  | ·           |  |
| STREET ADDRESS 19815  | Sedgefield Terr                      |                      |                      | 1.3 STREE        | T ADDRESS   | 940 SWEETWATER LANE #517   | •           |  |
| CITY-ST-ZIP BOCA  | RATON FL 33498                       |                      |                      | 1.4 CITY-        | ST-ZIP  | SILVER SHERRI J.<br>940 SWEETWATER LANE #517<br>BOCA RATON, FL. 33431  |             |  |
| TITLE   |                                      |                      | ☐ DELETE             | 2.1 TITLE        |   | Change   | Addition    |  |
| NAME  |                                      |                      |                      | 2.2 NAME         |   |  |             |  |
| STREET ADDRESS  |                                      |                      |                      | 2.3 STREE        | T ADDRESS   |  |             |  |
| CITY-ST-ZIP   |                                      |                      |                      | 2. 4 CITY-       | ST-ZIP  |  |             |  |
| TITLE   |                                      |                      | ☐ DELETE             | 3.1 TITLE        |   | ☐ Change ☐   | Addition    |  |
| NAME  |                                      |                      |                      | 3.2 NAME         |   |  |             |  |
| STREET ADDRESS  |                                      |                      |                      | 3.3 STREE        | T ADDRESS   |  |             |  |
| CITY-ST-ZIP   |                                      |                      |                      | 3.4. CITY-       | ST-ZIP  |  | <del></del> |  |
| TITLE   |                                      |                      | ☐ DELETE             | 4.1 TITLE        |   | Change   | Addition    |  |
| NAME  |                                      |                      |                      | 4. 2 NAME        |   |  |             |  |
| STREET ADDRESS  |                                      |                      |                      | 4.3 STREE        | T ADDRESS   |  |             |  |
| CiTY-ST-ZIP   | <del> </del>                         | ·                    |                      | 4.4 CITY -       | ST-ZIP  |  | A 1 800     |  |
| TITLE   |                                      |                      | ☐ DELETE             | 5.1 TITLE        |   | LI Change  | Addition    |  |
| NAME  |                                      |                      |                      | 5.2 NAME         | J   |  |             |  |
| STREET ADDRESS  |                                      |                      |                      |                  | T ADDRESS   |  | j           |  |
| CITY-ST-ZIP   |                                      |                      | [ Delete             | 5.4 CITY-        | ST-ZIP  |  | 1.1.70      |  |
| TITLE   |                                      |                      | DELETE               | 6.1 TITLE        |   | Change C   | Addition    |  |
| NAME  |                                      |                      |                      | 6.2 NAME         |   |  |             |  |
| STREET ADDRESS  |                                      |                      |                      |                  | ADDRESS   |  |             |  |
| CITY-ST-ZIP   | o Information supplied:              | sith this filler     | does not qualify for | 6.4 CITY-        |   | Castian 440 07/03/3 Florido Castiatos I forsibas analife de altre de la lacation de lacation de lacation de la lacation de la lacation de la lacation de lac |             |  |
| indicated on this con-  | le information supplied v            | variuns mag          | ort is true and see  | rate exemp       | otion stated if                                       | in Section 119.07(3)(i), Florida Statutes. I further certify that the infor  | mation      |  |

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 all 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.