21       26       Not App.         Suite, ApI, #, etc.       Suite, ApI, #, etc.       5. Certificate of Status Desired       \$8.75 Addit         22       City & State       City & State       5. Certificate of Status Desired       \$8.75 Addit         23       29       City & State       6. Election Campaign Financing Trust Fund Contribution       \$48.75 Addit         24       29       29       30       Finis corporation owes or has paid the curry tear Intangity Personal Property Tax due June 30.       \$20/vs       Not Addeed to Fer         24       25       29       30       Finis corporation owes or has paid the curry tear Intangity Personal Property Tax due June 30.       \$20/vs       Not         24       28       28       Street Address (P.O. Box Number is Not Acceptable)       \$20/vs       Not         300       Fiberopation's Software of Forda.       Street Address (P.O. Box Number is Not Acceptable)       \$20/vs       Not         3016c or registered agent, or holt, in the State of Forda.       Stochan 607 0500 and 607 1508, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as regis agent.       82       Street Address (P.O. Box Number is Not Acceptable)         3016c or registered agent, or holt, in the State of Forda.       Street Address (P.O. Box Number is Not Acceptable)       82       Street Address (P.O. Box Number is Not Acceptable) <th colspan="2">FILE NOW: FILING FEE A PROFIT CORPORATION ANNUAL REPORT 1998</th> <th></th> <th colspan="3">FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Socretary of State DIVISION OF CORPORATIONS</th> <th colspan="3">FILED Apr 09 1998 8:00am Secretary of State</th>	FILE NOW: FILING FEE A PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Socretary of State DIVISION OF CORPORATIONS			FILED Apr 09 1998 8:00am Secretary of State		
Principal Place of Business Melling Address Sole N FEERAL HWY BOCA RATON FL 33431 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O5(18)(1992 3. Principal Place of Business 2. Multing Address 3. Date Incorporated or Qualified O5(18)(1992 3			6	(4)					
Principal Place of Business     2a. Mailing Address     2a. Mailing Address     4. FEI Number     5. Certification     5. Certific	5099 N FEDE	RAL HWY	5099	N FEDERAL HWY			DO NOT WRITE		
2. Principal Place of Business       2a. Malling Address       4. FEI Number       Applied 65-0333592       Applied 65-0333592       Applied 65-0333592       Applied 65-0333592       Not Applied 65-0333592         21       21       21       5. Certificatio of Status Desired       \$8.75 Acdit 76.800 May Address of Cury & Status       \$8.75 Acdit 76.800 May Address of Current Registered Agent       5. Certificatio of Status Desired       \$8.75 Acdit 78.75 Acdit 79.000 May Address of Liny & Status         20       Country       2a       2a       This comportation owes or has paid the current Verificity and Address of New Registered Agent       10. Name and Address of New Registered Agent       Address of New Registered Agent         21       2a       Street Address of New Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         20       Personal Property Tax due June 30.000       20.000       10. Name and Address of New Registered Agent         300       Putation the provisions of Scotor Acd COT 1005 Florids Statuses the above named comportation submits this statement for the purpose of changing its registered agent in the Status of Florids Statuses the above named comportation submits this statement for the purpose of changing its registered agent in the florid florids Statuses the above named comportation submits this statement for the purpose of changing its registered agent in the florid florids Statuses the above named comportation submits this statement for the purpose of changing its registered agent agent acurrent Registered Agent i									
Suite. Apt. #, etc.       Suite. Apt. #, etc.       5. Certificate of Status Desired       \$\$8,75 Acdity         22       City & State       City & State       5. Certificate of Status Desired       \$\$5,00 May         23       28       Country       21       Country       8. Election Campaign Financing       \$\$5,00 May         24       28       29       30       Truet Fund Contribution       Added to Financing       \$\$2,00 May         24       28       29       30       Personal Property Tax due June 30.       \$\$2,455	2. Principal P	ace of Business	2a. M	ailing Address	<u>.</u>		4. FEI Number		Applied For
22       27       5. Certificate of Status Desired       Free Require         City & State       City & State       6. Election Campaign Financing       \$5.00 May         Zip       Country       7(p)       Country       7(p)       Addets to Fa         Zip       Country       7(p)       Country       8. This corporation owes or has paid the current registered Agent       B. This corporation owes or has paid the current registered Agent         MOE, MARIE LOUISE       90       90       Fame and Address of New Registered Agent       B1       Name and Address of New Registered Agent         MOE, MARIE LOUISE       91       Name and Address of New Registered Agent       81       Name and Address of New Registered Agent         MOE, MARIE LOUISE       91       Name and Address of New Registered Agent       92       Street Address (P.O. Box Number is Not Acceptable)         BOCA RATON FL 33431       92       Street Address (P.O. Box Number is Not Acceptable)       93         Street Address (P.O. Box Number is Not Acceptable)       93       94       City / FL       85       210       Code         Street Address (P.O. Box Number is Not Acceptable)       93       94       City / FL       85       210       Code         Street Address (P.O. Box Number is Not Acceptable)       93       94       City / FL       85<		# elc		uite Ant # etc			65-0333592		Not Applicable
Image: Signal	22		27		-11=		5. Certificate of Status Desired		
Image: Street Address of Current Registered Agent       10. Name and Address of New Registered Agent         MOE, MARIE LOUISE       10. Name and Address of New Registered Agent         MOE, MARIE LOUISE       10. Name and Address of New Registered Agent         MOE, MARIE LOUISE       10. Name and Address of New Registered Agent         MOE, MARIE LOUISE       10. Name and Address of New Registered Agent         MOE, MARIE LOUISE       10. Name and Address of New Registered Agent         MOE, MARIE LOUISE       11. Name         BOCA RATON FL 33431       12. Street Address (P.O. Box Number is Not Acceptable)         B1       Name         B2       Street Address (P.O. Box Number is Not Acceptable)         B2       Street Address (P.O. Box Number is Not Acceptable)         B3       B4         City       FL         B3       Zip Code         B4       City         B5       Street Address (P.O. Box Number is Not Acceptable)         B4       City         B5       Street Address (P.O. Box Number is Not Acceptable)         B5       B5		9		ity & State			· • •		
MOE, MARIE LOUISE 5099 N FEDERAL HWY BOCA RATON FL 33431     61     Name       82     Street Address (P.O. Box Number is Not Acceptable)       83     84       84     City       85     Street Address (P.O. Box Number is Not Acceptable)       86     City       87     Bocan Anton FL 33431       88     84       89     City       89     City       80     City       80     City       81     City       82     City       83     City       84     City       84     City       85     Statutes, the above-named corporation submits this statement for the propose of changing its registered agent, or both; in the Statu of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both; in the Statu of Florida, Statutes, the appointment as registered agent, or both; in the othypations of, Scotion 607 0505       810ATURE     OFFICERS AND DIRECTORS IN       111     Nue       112.     OFFICERS AND DIRECTORS IN       113.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN       114     MOE, MARIE LOUISE       115.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN       111     Intel       111     VSD       111     Intel		25	29		<u> </u>	,			
MUCE, MARIE LOUISE     Street Address (P.O. Box Number is Not Acceptable)       BOCA RATON FL 33431     B2       Street Address (P.O. Box Number is Not Acceptable)       B3       B4     City       B4     City   <		······	nt Register	ed Agent	81	Name	10, Name and Address of New Re	gistered Agent	
PL       Image: Construction of the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registing agent. I am familiar with, and accept the obligations of, Socion 607.0505. Florida Statutes.         Signature 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 registing agent. I am familiar with, and accept the obligations of, Socion 607.0505. Florida Statutes.         Signature registered agent of profiled rame of ingeleted agent agent agent agent agent agent agent agent of profiled rame of ingeleted agent age	509	9 N FEDERAL HWY				Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registagent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.         SIGNATURE         Signature, the or prefer agent or graded range of grade and end edge agent, and an or produced agent and edge agent, and an or produced agent agent and edge agent, and a statement for the purpose of changing its registered agent, and an edge agent, and agent, and an edge agent, and an edge agent, an					84	City		85	Zip Code
TITLE     PD     DELETE     1.1 TITLE       NAME     MOE, MARIE LOUISE     1.2 NAME       STREET ADDRESS     7191 SW 8 ST     1.3 STREET ADDRESS       CITY-SI-ZP     PLANTATION FL     1.4 CITY-ST-ZP       TITLE     VSD      DELETE       NAME     MOE, JAMES     22 NAME       STREET ADDRESS     3166 PEACHTREE CIR     2.3 STREET ADDRESS       CITY-SI-ZP     DAVIE FL 33328     2.4 CITY-ST-ZIP       TITLE     T     Change        TITLE     T     DELETE     3.1 TITLE       STREET ADDRESS     3166 PEACHTREE CIR     2.3 STREET ADDRESS       CITY-SI-ZP     DAVIE FL 33328     2.4 CITY-ST-ZIP       TITLE     T     DELETE     3.1 TITLE       NAME     MOE, SHERI     3.2 NAME       STREET ADDRESS     G730 NW 70TH AVE     3.3 STREET ADDRESS       CITY-SI-ZIP     TAMARAC FL 33063     3.4 CITY-SI-ZIP       TITLE     DELETE     4.1 TITLE     Change       NAME     DELETE     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS	SIGNATURE	Signature, typed or probled cause of registered ac	junt and little if ap	opheablo (NOT	- Registered Apr		red when reinstating)	DATE	
STREET ADDRESS     7191 SW 8 ST     1.3 STREET ADDRESS       CITY-ST-ZIP     PLANTATION FL     1.4 CITY-ST-ZIP       TITLE     VSD     DELETE     2.1 TITLE       NAME     MOE, JAMES     2.2 NAME       STREET ADDRESS     3166 PEACHTREE CIR     2.3 STREET ADDRESS       CITY-ST-ZIP     DAVIE FL 33328     2.4 CITY-ST-ZIP       TITLE     T     DELETE     3.1 TITLE       MAME     MOE, SHERI     3.2 NAME       STREET ADDRESS     6730 NW 70TH AVE     3.3 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063        TITLE     IDELETE     3.4 CITY-ST-ZIP       TITLE     Change        AMME     8.2 NAME        STREET ADDRESS     6730 NW 70TH AVE     3.3 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063         TITLE     IDELETE     4.1 TITLE        NAME     4.2 NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS		PD	ND DIAL OR				ADDITIONS/CHANGES TO OFFIC	the second se	
CITY-ST-ZIP     PLANTATION FL     14 CITY-ST-ZIP       TITLE     V\$D     DELETE     2.1 TITLE       NAME     MOE, JAMES     2.2 NAME       STREET ADDRESS     3166 PEACHTREE CIR     2.3 STREET ADDRESS       CITY-ST-ZIP     DAVIE FL 33328     2.4 CITY-ST-ZIP       TITLE     T     DELETE     31 TITLE       NAME     MOE, SHERI     3.2 NAME       STREET ADDRESS     6730 NW 70TH AVE     3.3 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063        TITLE     IDELETE     3.4 CITY-ST-ZIP       TITLE     IDELETE        STREET ADDRESS     6730 NW 70TH AVE     3.3 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063        TITLE     IDELETE     4.1 TITLE       NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS						ADDOLOG			
NAME     MOE, JAMES     22 NAME       STREET ADDRESS     3166 PEACHTREE CIR     23 STREET ADDRESS       CITY-ST-ZIP     DAVIE FL 33328     2.4 citry-ST-ZIP       TITLE     T     DELETE     31 trifle       NAME     MOE, SHERI     32 NAME       STREET ADDRESS     6730 NW 70TH AVE     33 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063     34 CITY-ST-ZIP       TITLE     DELETE     41 trifle       STREET ADDRESS     Change     Change       STREET ADDRESS     6730 NW 70TH AVE     33 STREET ADDRESS       STREET ADDRESS     6730 NW 70TH AVE     10 ELETE       STREET ADDRESS     41 trifle     10 Change       STREET ADDRESS     4.2 NAME     4.2 NAME       STREET ADDRESS     4.3 STREET ADDRESS     10 ELETE	· · · · · · · · · · · · · · · · · · ·					1			
STREET ADDRESS     3166 PEACHTREE CIR     23 STREET ADDRESS       CITY-ST-ZIP     DAVIE FL 33328     2.4 OITY-ST-ZIP       TITLE     T     DELETE       NAME     MOE, SHERI     32 NAME       STREET ADDRESS     6730 NW 70TH AVE     33 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063     34 CITY-ST-ZIP       TITLE     DELETE     41 TITLE       NAME     2.2 NAME     Change				DELE TE				Char	ge 🗌 Addition
CitY-ST-2iP     DAVIE FL 33328     2 4 0itY-ST-2iP       Tritle     T     T     DELETE     31 tritle       NAME     MOE, SHERI     32 NAME     32 NAME       Street ADDRESS     6730 NW 70TH AVE     33 STREET ADDRESS       CitY-ST-2iP     TAMARAC FL 33063     34 CitY-ST-2iP       Tritle     DELETE     41 tritle       NAME     2 2 NAME       Street ADDRESS     STREET ADDRESS       Street ADDRESS     4.2 NAME       Street ADDRESS     4.3 STREET ADDRESS		3166 PEACHTREE CIR				ADORESS			
NAME     MOE, SHERI     32 NAME       STREET ADDRESS     6730 NW 70TH AVE     33 STREET ADDRESS       CITY-ST-ZIP     TAMARAC FL 33063     34 CITY-ST-ZIP       TITLE     DELETE     4 1 TITLE       NAME     4.2 NAME     1.3 STREET ADDRESS       STREET ADDRESS     4.3 STREET ADDRESS		DAVIE FL 33328		DELETE		ST-ZIP	·		ge Additio
CITY-ST-ZIP     TAMARAC FL 33063     34 CITY-ST-ZIP       TITLE     DELETE     4 1 TITLE       NAME     4 2 NAME       STREET ADDRESS     4.3 STREET ADDRESS		Moe, Sheri							
TITLE DELETE 4 1 TITLE Change Change STREET ADDRESS									
STREET ADDRESS 4.3 STREET ADDRESS		TAMARAC FL 33063		DELETE		ST-ZIP		Chan	ge 🔲 Addition
	NAME				1				
MIT-SI-7/F 1									
				DELETE		1- 4IY	······································	Chan	ge 🔲 Addition
NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY - ST - ZIP         5.4 CITY - ST - ZIP	STREET ADDRESS				5.3 STREET				
				DELETE	6.1 TITLE 6.2 NAME			Chan	ge 🔲 Additior