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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 28 1998 8:00am Secretary of State

	1998	271	3	DIVISION OF CORPORATIONS			Secretary of State				
	MENT # DEPOT - DEEF	V43169	9	(4)							
		. 1220, 1110									
Principal Plac	e of Business		Mailing A	ddress					 	14 2 0011 41014 610	ls mamer imma
	OWERLINE RD			N POWERLINE	RD						
STE A-4 DEFREIEI D. F	BEACH FL 33442	STE A-4 DEERFIELD BEACH FL 33442					DO NOT WRITE IN THIS SPACE				
DEERFIELD DEAGN FL 05442				DECIMIEED BERON PE 33442				3. Date Incorporated or Qualified			
!								06/10/1992			
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number		A	oplied For	
21			26					65-0342196			ot Applicable
Suite, Apt.	#, etc.		⊢	Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	e		27 City &	State				6. Election Campaign Financing			May Be
23	-		28					Trust Fund Contribution			May Be to Fees
Zip		Country	Zip	•	Coun	try		8. This corporation owes or has p	ald the cu	**	
24	25		29		30			Personal Property Tax due Jun			No
τ0	9. Name and A STI. GREGORY	Address of Current	t Registered A	gent		31	Name	10. Name and Address of New R	egistered	Agent	
	on, Gregori 01 Linton Blvi					,,	rvairie				
	E 4B					Street Addre	ss (P.O. Box Number is Not Accepta	ble)			
	LRAY BEACH F				33		· · · · · · · · · · · · · · · · · · ·				
					_		0'.				
						34	City		FL	_ ' '	Code
11. Pursuant	to the provisions of	Sections 607.0502	2 and 607.1508	, Florida Statu	ites, the abo	ove	-named corpo	oration submits this statement for the on's board of directors. I hereby access	purpose o	f changing i	ts registered
agent. I a	im fantijer vijn, an	d accept the obliga	tions of, Section	607.0506, F	lorida Statu	tes.	the corporatio	? /.	pruie app	/ / / / / / / / / / / / / / / / / / /	registered
SIGNATURE		son B	105	> (TA)	stone	1	1 /0	577	-1/7	198	
12.	Signature, is plug occurre	ed name of registered ager OFFICERS AND		ie, (NC	13.	ager	nt signature required	ADDITIONS/CHANGES TO OFF	CERS ANI	DIRECTOR	RS IN 12
TATLE	D			DELETE	1.1 TITL	E				Change	Addition
NAME .	TOSTI, GREG				1,2 NAM	1E					
STREET ADDRESS	4801 LINTON				1.3 STRI	EET A	ADDRESS				
CITY-ST-ZIP	DELRAY BEA	ICH FL			1,4 CITY		- ZIP				
TITLE	TOSTI, ROSE	ANNE		DELETE	2.1 TITL		+			☐ Change	Addition
NAME STREET ADDRESS	4801 LINTON				2,2 NAM		ADDRESS				
CITY-ST-ZIP	DELRAY BEA				2.4 CIT		1	•	ىت.		
TITLE				DELETE	3.1 TITL	_				Change	Addition
NAME					3.2 NAM	1E	İ				
STREET ADDRESS					3.3 STRE	EET #	ADDRESS				
CITY - ST - ZIP					3.4. CIT		r-ZIP				
TITLE				☐ DELETE	4,1 TITU					Change	Addition
NAME					4. 2 NAN						
STREET ADDRESS CITY-ST-ZIP							ADDRESS				
TITLE				DELETE	4.4 CITY 5.1 TITL		-ZIF			Change	Addition
NAME											
STREET ADDRESS	•			barre	52 NAM	ΙE	l				
STREET ACCUSEDS 1				_ value			ADDRESS				}
CITY-ST-ZIP						EET A					
				DELETE	5,3 STR8	EET / '-ST				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME					5.3 STRE 5.4 CITY 6.1 TITLI 6.2 NAM	EET <i>#</i> '-ST E IE	- ZIP			Change	Addition
CITY - ST - ZIP					5.3 STRE 5.4 CITY 6.1 TITLI 6.2 NAM	EET A	- ZIP			Change	Addition

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 of changed of an attachment with an address.

CICNATUDE:

MINITERELAND CALGOUN K Tost

1 /5/98 (954)448.2125