## 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

## **FILED** Apr 17 1998 8:00am Secretary of State

| 1, Corporatio   | NDING, INC   |  |  |  |                                |
|---|--|--|--|--|--------------------------------|
| Principal Place of Business Mailing Address                               |  |  |  | 211 21210 21 <b>211 41311 41311 1931</b>   |                                |
| 10670 BOBBIE LANE 10670 BOBBIE LANE 10670 BOBBIE LANE ROYAL PALM BEACH FL |  |  | 1  |  |                                |
| HUIAL PALM  | BEACH FL   | HUTAL PALM BEAUN F   | L  | DO NOT WRITE IN THIS   | S SPACE                        |
|   |  |  |  | 3. Date Incorporated or Qualified  |                                |
|   |  |  |  | 07/31/1992   |                                |
| 2. Principal P  | 2. Principal Place of Business 2a. Mailing Address   |  |  | 4. FEI Number  | Applied For                    |
|   |  | 26   |  | 65-0352981   | Not Applicable                 |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required |
| City & State  | 0  | City & State   |  | 2 Significant Significant  |                                |
| 23  |  | 28   |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees |
| Zip   | Country  | Zip  | Country  | 8. This corporation owes or has paid the c   |                                |
| 24  | 25   | 29   | 30   | Personal Property Tax due June 30.   | X Yes No                       |
|   | 9. Name and Address of Curre   | nt Registered Agent  |  | 10. Name and Address of New Registered   | d Agent                        |
| MA  | ichell, glenn H.   |  | 81 Name  |  |                                |
| 200   | Of PALM BEACH LAKES BOULE  | EVARD  | 82 Street Addr   | ress (P.O. Box Number is Not Acceptable)   |                                |
|   | ITE 503  |  |  |  |                                |
| WE  | ST PALM BEACH FL 33409   |  | 83   |  |                                |
|   |  |  | 84 City  |  | 85 Zip Code                    |
|   |  |  |  | poration submits this statement for the purpose  | <b>L</b>     '                 |
| office or r<br>agent. I a<br>SIGNATURE                                    | egistered agent, or both, in the State m lamiliar with, and accept the oblig   | e of Florida. Such change was<br>pations of, Section 607.0505, F | authorized by the corporationida Statutes.  It Registered Agent signature requir | ion's board of directors. I hereby accept the ap   | pointment as registered        |
| 12.   | <del></del>  | D DIRECTORS  | 13.  | ADDITIONS/CHANGES TO OFFICERS AN   | ND DIBECTORS IN 12             |
| TITLE   | D  | DELETE   | 1.5 TOLE   | ALDONIO NO PORTINI NA CONTRACTOR NA CONTRACT | Change Addition                |
| NAME  | SOLOMON, SANFORD   |  | 1.2 NAME   |  | •                              |
| STREET ADDRESS  | 10670 BOBBIE LANE  |  | 1.3 STREET ADDRESS   |  |                                |
| CITY-ST-ZIP   | ROYAL PALM BEACH FL  |  | 1.4 CITY - ST - ZIP  |  |                                |
| TITLE   | D  | DELETE   | 2.1 TITLE  |  | ☐ Change ☐ Addition            |
| NAME  | SOLOMON, RANDI   |  | 2.2 NAME   |  |                                |
| STREET ADDRESS  | 10670 BOBBIE LANE  |  | 2 3 STREET ADDRESS   |  |                                |
| CITY-ST-ZIP   | ROYAL PALM BEACH FL  |  | 2 4 CITY-ST-ZIP  |  |                                |
| TITLE   |  | ☐ DELETE   | 3.1 TITLE  |  | Change Addition                |
| NAME  |  |  | 32 NAME  |  |                                |
| STREET ADDRESS  |  |  | 3.3 STREET ADDRESS   |  |                                |
| CITY-ST-ZIP   |  | T bruste   | 3.4 CITY-ST-ZIP  |  |                                |
| TITLE   |  | ☐ DELETE   | 4.1 TITLE  |  | ☐ Change ☐ Addition            |
| NAME  |  |  | 4. 2 NAME  |  |                                |
| STREET ADDRESS  |  |  | 4.3 STREET ADDRESS   |  |                                |
| CITY-ST-ZIP   |  | DELETE   | 4.4 City - ST - ZIP  |  | Change Addition                |
| TITLE   |  | [1] nereit   | 5.1 TITLE  |  | Change    Addition             |
| NAME  |  |  | 5.2 NAME   |  |                                |
| STREET ADDRESS  |  |  | 5.3 STREET ADDRESS   |  | j                              |
| CITY-ST-ZIP<br>TITLE  | The section of the se | DFLETE   | 5.4 CITY - ST - ZIP  |  | Change Addition                |
| NAME  |  | [_] Ortest   | 61 TITLE   |  | CHARGE CHAOCHION               |
| 1   |  |  | 6.2 NAME   |  |                                |
| STREET ADDRESS  |  |  | 6.3 STREET ADDRESS   |  |                                |
| CITY-ST-ZIP   | adily that the information complied  | Sale also dilicono   | 6.4 CITY-ST-ZIP  | Continue \$10.07/2\(ii) Florida Statuton   further of  |                                |

I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 an officer or director of the corporation or the receiver or trusice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 changed, or on an attachment with an address.