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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

GENER	MENT # V56046 RAL EMPLOYEE MANAGEME THE OF Business	` '			
TWO N. TAM	IAMI TR.	PO BOX 2595			
SUITE 608 SARASOTA FL 34236		SARASOTA FL 34230		DO NOT WRITE IN THIS SPACE	
US	L 34230	US		3. Date Incorporated or Qualified	
1				08/07/1992	
	Place of Business	2a. Mailing Address	0.7/1	4. FEI Number	Applied For
21 TWO N. TAMIAMI TRAIL			ox 0761	65-0351733	✓ Not Applicable
Suite, Apt. #, etc. 22 Suite 800		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
					Fee Required
23 SAR	ASOIA, FL	City & State 28 SARASO		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3423	Country 25 SA SA	Zip 34230-076/3	Country USA	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No
27 27 -	9. Name and Address of Curren		· ·	10. Name and Address of New Register	
CHEN, IRENE Y. 81 Name					
4172 WOODVIEW DR. SARASOTA FL 34232			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ļ			83		
			84 City		85 Zip Code
	10 40 000 000				• <u>L.</u>
I office or r	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by the corpora da Statutes.	rporation submits this statement for the purpos- ation's board of directors. I hereby accept the a	appointment as registered
12.	Signature, typied or printed name of registered age: OFFICERS AND		Registered Agent signature requ	*** · · · · · · · · · · · · · · · · · ·	
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	LYNN, JOHN A.		1.2 NAME		
STREET ADDRESS	7626 WEEPING WILOW CIR		1.3 STREET ADDRESS		
City-St-ZiP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CHEN, IRENE Y.		2.2 NAME		
STREET ADDRESS	4172 WOODVIEW DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TIFLE		Charige Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			4. 2 NAME		Change Resilien
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	sellify that the information a policy will	i ni tre	6.4 Crty-St-ZiP	Control 440 07/07/0 Florida Otto Landau	

I hereby 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 information 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 receive 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 attact ment and dress.

TPENE 4. MEN 12/31/97 941-364-9422