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 01 1998 8:00am Secretary of State

GHD P	MENT # V6103 ROPERTIES (FLORIDA), IN	NC.			
Principal Place of Business Mailing Address \$925 MIPERIAL PARKWAY P.O. BOX F42683					
MULBERRY FL 33000 FREEPORT. BAHAMAS			AS	DO NOT WRITE IN THE CRACE	
]				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				09/01/1992	
	Place of Business 28. Mailing Address			4. FEI Number A	pplied For
21 26 Suite Apt # ate					lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		; .	h Certificate of Status Desired	Additional leguired	
City & State City & State		City & State			May Be
23		28			to Fees
Zip	Country	Zip	Country	6. This corporation owes or has paid the current year In	
24	25 9. Name and Address of Curre	29 ant Registered Agent	30	Personal Property Tax due June 30. Yes L	_ No
BEYER, DAVID A RODNICK & WOLFE 2000, 101 EAST KENNEDY BLVD. TAMPA FL 33602-5133			83 84 City	Address (P.O. Box Number is Not Acceptable)	Code
office or reagent. I as	Signature, typical or printed name of registered at	gent and lifte if applicable	Statutes, the above-named was authorized by the col 5, Florida Statutes. (NOTE: Registered Agent signature		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PSD Ashton, Peter M	₩ DELETI		S. X Change PETRO H AZMTON Suite C. LEA	
STREET ADDRESS SUITE C., RECENT CENTRE, P.O. BOX F42683			1.2 NAME 1.3 STREET ADDRESS	PETEN H AZHTON SUITE E, KEGI PO Boy F UZGEZ	CENTAIN S
CITY-ST-ZIP	FREEPORT, BANAMAS	., 1 10. 500 1 12500	1.4 City-ST-ZIP	FEESPORT . RAHAMAS	2
TITLE		DELETI		☐ Change	Addition C
NAME			2.2 NAME	ALDE E. BURSTEIN	1
STREET ADDRESS			2.3 STREET ADDRESS	100, 100, 000, 000 - 100, 100, 100, 100	DWSALE
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	OUTARIO, CANASA MET WE	3.
TITLE		☐ DELETE		☐ Change	L_ Addition
NAME			3.2 NAME		ĺ
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP	Change	Addition
NAME			4. 2 NAME	- Change	
STREET ADDRESS			4.3 STREET ADDRESS		ļ
City-ST-ZIP			4.4 CITY - ST - ZIP)
TITLE		DELETE		☐ Change	Addition
NAME			5.2 NAME	_ •	_
STREET ADDRESS			6.3 STREET ADDRESS]
CITY-ST-ZIP			5.4 CITY-ST-ZIP		İ
TITLE		DELETE		☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
A470 A7 710			C 4 DUTY CT 7/D		į .

14. Thereby 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 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.

Description The Description of the contract of