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

CORPORATION ANNUÄL REPORT 1998

5、人為後人也也所有人的學習的機能是學術的人的學者就是能說她的學習問題,如果們有意思是學術學習過過,也不是不可以不可以可能是是不可以把她們也有一個學者學也不可以可以可以們們們們們們們們們們們們們們們們



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V63123

MICHAEL-J. ST. JOHN, CPA, P.A.

(6)

FILED Apr 29 1998 8:00am Secretary of State

ST. JOHN & LANDON, P.A. NING)											
Principal Place of Business Mailing Address								1 10011 G11616 G1166 (1186 11616 11866 (111 6)6(1 6.611 6)	DII WIDII EIGII		
1640 NW BOCA RATON BLVD. 1640 NW BOCA RATON BL							1				
BOCA RATON FL 33432 BOCA RATON FL 33432								DO NOT WRITE IN THIS SI	DACE		
							}-	3. Date Incorporated or Qualified	-ACE		
2 Principal P	Place of Business	2a. Mailing	Address					09/11/1992 4. FEI Number		olad Far	
-	ning Address				1			plied For it Applicable			
Suite, Apt.	# etc	26 Suite A	Apt. #, etc.					65-0352184	\$8.75 A		
22	., 0.0	<u> </u>	27				ľ	5. Certificate of Status Desired	Fee Re	-	
City & Stat		City & State					C Florian Compaign Financian				
23		28	Outro				- 1	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to		
Zip	Country	Zip		Cou	ntrv			This corporation owes or has paid the curre			
24]	25	29		30			[angibie] No	
<u> </u>	9. Name and Address of Curr		pent	[30]				10. Name and Address of New Registered A			
		<u> </u>	<u> </u>		81	Name					
ST. JOHN, MICHAEL J.											
1640 NW BOCA RATON BLVD.					82	2 Street Address (P.O. Box Number is Not Acceptable)					
ВО	CA RATON FL 33432				83						
				l	*						
					64	City			85 Zip C	Code	
4. 6			-					FL FL	<u>Ļ</u>	· · · · · · · · · · · · · · · · · · ·	
office or i	to the provisions of Sections 607.09 registered agent, or both, in the Sta	ooz and 607.3508 te of Florida. Such	, Fiorida Statut i change was i	es, ine ai authorized	ove bv	-named the cor	corpora rporation	ition submits this statement for the purpose of a s board of directors. I hereby accept the appo	nanging its intment as	s registerea reaistered	
agent I a	ım lam iliar with, and accept the obl	gations of Section	n 607.0505, Fi	orida Stat	utes	•					
SIGNATURE											
	Signature, typed or printed name of registered		e (NOT		Ager	nuterigia In	e required w	hen reinstating) DATE		2 10 1 12	
12.		ND DIRECTORS	l on ere	13.			1100 000	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	DPVS		DELETE	1.1 10			DP	* *F	Change	Addition	
NAME	ST. JOHN, MICHAEL J.	_		1.2 NA	ME		1				
STREET ADDRESS	1640 NW BOCA RATON BL	/D.		1.3 ST	REET	address					
CITY-ST-ZIP	BOCA RATON FL	<u>-</u> .		1.4 CI		- ZIP	ļ				
TITLE			☐ DELETE	2.1 717	LE		DY		Change	C Addition	
NAME				2.2 NA	ME		LAN	IDON, TAMES C.			
STREET ADDRESS				2.3 ST	REET /	ADDRESS	1640	NW BOLD KITTON BLUD.			
CITY-ST-ZIP				2. 4 CI	TY-S	T-ZIP	Boo	DON, JAMES C. NW BOLD RATE NBLVD. ON RATEN, FL 3343	2		
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NAME				3.2 NA	ME		}				
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								-04/29/9801063039	j		
STREET ADDRESS						ADDRESS		***150.00			
CITY-SI-ZIP				6.4 CIT	Y~ST	- 7IP	1				

14. 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 receiver of 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.

SIGNATURE.