## 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

DOCUMENT #

(4)

SYMMETRICAL RESOURCES CORPORATION

## **FILED** Apr 14 1998 8:00am Secretary of State

|--|--|

TOW. HILLSBORD BLVD. BLDG. 4 SUITE 201 DERFRELD BEACH FL 33441 US  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/23/1992 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/23/1992 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 10/23/1992 4. FEI Number 5. Control Status Desired						
BLDG. 4 SURE 201 DERPIFED BEACH FL 33441 US  2. Principal Place of Business 2. Melling Address 3. Date Incorporated or Qualified 10/23/1892 3. Sults, Apt. #, etc. 2. Sults, Apt. #, et	Principal Place	e of Business	Mailing Address		0 10001 MILIPE 10000 HEAL HOURS WHEN HOUSE	IBSC OLDSI BIBIS OLDSI 84883 (68)
2. Principal Place of Business	BLDG. 4 SUITE 201  DEERFIELD BEACH FL 33441  BLDG. 4 SUITE 201  DEERFIELD BEACH FL 33441				S SPACE	
2. Pincipal Place of Business   2e. Melling Address   4. Filt humber   Applied For   55-0385828   Not Applicable   522   222   227   227   5. Certificate of Status Desired   \$8.75 Additional   Fee Required   227   229   230   241   251   251   261	] 00		03			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Country  Anded to Fees  Added to Fees  Added to Fees  No.  Personal Property Tax due June 30  Personal Property Tax due June 40  P	2. Principal P	lace of Business	2a. Mailing Address			Applied For
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.	21		26		65-0365828	<del></del>
Zip	22		<u> </u>			
Zip   Country   Zip   Country   Zip   Country   B. This corporation ower or has paid the current year Intangible   Personal Property Tax due June 30.		9	<u> </u>			
24		Country		Country		
UVEK, WILLIAM PAUL 5400 LETINER DRIVE W. CORAL SPRINGS FL 33067  83  City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida Succh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered segon! and familier with, and accept the obligations of Section 07 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida Succh change was authorized by the corporation's board of directors. I hereby accept the appointment as registered segon! and familier with, and accept the obligations of Section 07 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again. In the provision's board of directors. I hereby accept the appointment as registered segon! and make the provision of the provision of Section 07 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or segon of the purpose of changing its registered office or segon of the purpose of changing its registered again.  In the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered defended of interest in the purpose of changing its registered defended of interest. In the purpose of changing its registered defended of interest. In the purpose of changing its registered defended of interest. In the purpose of changing its registered defended of interest. In the purpose of changing its registered defended of interest. In the purpose of changing its registered defended of interest. In the purpose of changing its registered defended of interest. In the	24			30	T ·	
Stop Lettner Drive W. CORAL SPRINGS FL 33067  82 Street Address (P.O. Box Number is Not Acceptable)  83		9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
CORAL SPRINGS FL 33067    63				81 Name		1
### City #### City ### City ##				82 Street Add	tress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent. I am familier with, and accept the obligations of, Section 607,6505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of rejustance against and apport abits. (NOTE: Requisited Against alginature required when reliabiling)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  LIVEK, WILLIAM PAUL  12. RAME  LIVEK, WILLIAM PAUL  12. STREET ADDRESS  COTY-51-2P  CORAL SPRINGS FL  14. CITY-51-2P  TITLE  D Change Addition  STREET ADDRESS  CITY-51-2P  TITLE  DELETE  3.1 TITLE  Change Addition  Addition  Addition  DELETE  3.1 TITLE  Change Addition  Change Addition  Addition  Addition  Addition  Addition  STREET ADDRESS  CITY-51-2P  TITLE  DELETE  3.1 TITLE  Change Addition  Change Addition  Addition  Addition  Addition  Change Addition  Change Addition  Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  Change Addition  Addition  Change Addition  Chang	l co	RAL SPRINGS FL 33067				
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature typed or printent name of registered agent and site 4 approximite. (NOTE Requised Agent signature required when reinstalling)  DATE  12. OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  DELETE  1.2 NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  DELRAY BEACH FL  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITL				83	•	
office of region 1 am familier with, and accept the obligations of, Section 607 0505, Florida State of 1 order Such Change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent algorithms to require when reinstating)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D D DELETE 1.1 TITLE DIVEK, WILLIAM PAUL 1.2 NAME 1.3 STREET ADDRESS OFFI-2*P  TITLE D D DELETE 2.1 TITLE D Change Addition  MAME STREET ADDRESS OFFI-2*P  TITLE D DELETE 3.1 TITLE DELE				84 City	F	85 Zip Code
SIGNATURE Signature, typod or printed name of registered appril and site if approachie. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  LIVEK, WILLIAM PAUL  STREET ADDRESS  CITY-ST-ZIP  CORAL SPRINGS FL  1.4 CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  2.1 TITLE  2.2 NAME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  1.4 CITY-ST-ZIP  DELETE  3.1 TITLE  1.5 Change  Addition  Additi	11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its registered
Styrature, typed or printed numer of regulatered agent alone tack depend alignentive regulated when reinstalling)   DATE	agent i a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flor	uthorized by the corpora rida Statutes.	ation s board of directors. I hereby accept the a	ppointment as registered
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   D	SIGNATURE					
TITLE D LIVEK, WILLIAM PAUL 12 NAME STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  D  DELETE 21 TITLE DELETE 22 NAME STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 31 TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE		<del> </del>			ADDITIONS/CHANGES TO OFFICERS A	
STREET ADDRESS CITY-ST-ZIP TITLE D DELETE DILETE DI		•	☐ DELETE			LI Change Addition
CITY-ST-ZIP  CORAL SPRINGS FL  1.4 CITY-ST-ZIP  TITLE  D  Change Addition  AMME  ENGEL, WILLIAM  902 SEASAGE DR  23 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  32 NAME  32 NAME  32 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  34 CITY-ST-ZIP  TITLE  DELETE  41 TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  42 NAME  42 NAME  42 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  44 CITY-ST-ZIP  TITLE  DELETE  51 TITLE  DELETE  DELETE  DELETE  1. Change  Addition  Addition  Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  51 TITLE  DELETE  DE	i I					[3
TITLE D DELETE 2.1 TITLE				B '		
NAME   ENGEL, WILLIAM   22 NAME   STREET ADDRESS   902 SEASAGE DR   23 STREET ADDRESS   CITY-ST-ZIP   DELRAY BEACH FL   24 CITY-ST-ZIP			DELETE			Change Addition
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  31 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  32 NAME  32 NAME  33 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  41 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  42 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  DELETE  Change Addition  Addition  ALS NAME  ALS STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  DELETE  S1 TITLE  DELETE  S2 NAME	1	_				
CITY-ST-ZIP	STREET ADDRESS			I I		
TWILE         DELETE         31 TIFLE         Change         Addition           NAME         32 NAME         32 NAME         STREET ADDRESS         CITY-ST-ZIP         34 CITY-ST-ZIP         Change         Addition           TITLE         DELETE         4.1 TIFLE         Change         Addition           MAME         4.2 NAME         CITY-ST-ZIP         CITY-ST-ZIP           TITLE         4.4 CITY-ST-ZIP         Change         Addition           NAME         DELETE         5.1 TIFLE         Change         Addition           NAME         52 NAME         S2 NAME         Change         Addition	CITY-ST-ZIP					
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	<del></del>		☐ DELETE			Change Addition
CITY-ST-ZIP         34.CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition           MAME         4.2 NAME         .         STREET ADDRESS         .	NAME			3.2 NAME		
TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME </th <th>STREET ADDRESS</th> <th></th> <th></th> <th>3.3 STREET ADDRESS</th> <th></th> <th></th>	STREET ADDRESS			3.3 STREET ADDRESS		
NAME				3.4. CITY - ST - ZIP		
STREET ADDRESS   4.3 STREET ADDRESS   CITY-ST-ZIP   4.4 CITY-ST-ZIP   TITLE   DELETE   5.1 TITLE   Change   Addition   5.2 NAME   Change	TITLE		☐ DELETE	4.1 TIFLE		Change Addition
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME				4. 2 NAME		
TITLE DELETE 5.1 TITLE Change Addition  NAME 5.2 NAME				4.3 STREET ADDRESS	·	j
NAME 5.2 NAME	·	****	· · · · · · · · · · · · · · · · · · ·			
			☐ DELETE			L Change L Addition
I KIRSELANDRESK I ■ K 2 CIDÉET ADDDCCC I	1					
				5.3 STREET ADDRESS		
CITY-ST-ZIP			TT DELETE			Channe Laddy
_ · -			□ vereit			LI Change LI Addition
<b>I</b>	1					
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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		ertify that the information supplied	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, Lifurther	certify that the information

nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in