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FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~199802~~ (8)
1. Corporation Name
C-2 Corp. P94000009387

Principal Place of Business: 2655 N OCEAN DR SUITE 905 SINGER ISLAND FL 33404 US
Mailing Address: 4100 NORTH OCEAN DRIVE UNIT 1903 SINGER ISLAND FL 33404 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 9910 Sandalfoot Blvd Suite, Apt #, etc #4A City & State BOCCARATON FL Zip 33428 Country USA
22 23 24
29. Mailing Address: 29 112 OLYMPUS Circle Suite, Apt #, etc. City & State Jupiter, FL Zip 33477 Country USA
30 31
3. Date Incorporated or Qualified 1/28/94
4. FEI Number 65-0468061 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No

9. Name and Address of Current Registered Agent: KRAVETZ, GERALD 4100 N OCEAN DR SINGER ISLAND FL 33404
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 112 OLYMPUS CIRCLE 83 84 City JUPITER FL 85 Zip Code 33477

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 agent, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, TO OFFICERS AND DIRECTORS	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVETZ, GERALD	1.2 NAME	
STREET ADDRESS	4100 N OCEAN DR 112 OLYMPUS circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL Jupiter, FL 33477	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAVETZ, MARGARET	2.2 NAME	
STREET ADDRESS	112 OLYMPUS circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 33477	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 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.
Margaret Kravetz 4/24/98 (571) 743-1117