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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUI	MENT # 6214	.62 (1)			
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Principal Place	e of Business	Mailing Address		r seering auch const trait biden diels containe	Digit Gibit Digit Digit Bibit 1881
900 SW 130 AVE. DAVIE FL 33325-4131		900 SW 130 AVE.			
		DAVIE FL 33325-4131		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/10/1979	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1900859	Not Applicable
Suite, Apt.	#, 0 (C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State	·	6 Flatin Occasion Flat II	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	urrent Registered Agent		10. Name and Address of New Register	ed Agent
PUL	.CINI, ARTHUR		81 Name		
900 SW 130TH AVE.			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DA\	/NE FL 33325		-		<u></u>
			83		
			84 City		85 Zip Code
11 Duremont t	to the provisions of Sections 607	7 0602 and 607 1608 Florida Statut	os the about named col	poration submits this statement for the purpos	o of changing its registered
office or re	egistered agent, or both, in the S	State of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the	appointment as registered
=	m tamiliar with, and accept the c	obligations of, Section 607.0505, Fig	orida Statutes.		
SIGNATURE .	Signature, typed or printed name of registers	ed agent and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DAT	Έ
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PULCINI, ARTHUR		1.2 NAME		
STREET ADDRESS	900 SW 130 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL	DELETE	1.4 CITY-ST-ZIP		C Channe C I Addison
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	<u> </u>	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
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 TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.1 HILE 6.2 NAME		C. Outside C. Montion
STREET ADDRESS			6.3 STREET ADDRESS		
ATTIL AT THE			5.5 STREET ROOMEGO		

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 eath; 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, by on an attachment with an address.

2/2/96

FILED

Mar 24 1998 8:00am

Secretary of State