## 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 #

638988

(6)

STUART L. STEIN, P.A.

FILED Mar 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100110 01120 11101 10101 10101 10101			
2155 LOUISIA	2155 LOUSIANNA BLVD								
STE 2200	UF 584 03440		STE 2200			DO NOT WRITE IN THIS	SPACE		
US	UE NM 87110	US US	ALBUQUERQUE NM 87110			3. Date Incorporated or Qualified			
						10/08/1979			
2. Principal P	lace of Business	2a. Mailing Address	a. Maiting Address			4. FEI Number		pplied For	
21		26	j			59-1968563	Not Applicable		
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	<u> </u>					Additional	
22		27	1			5. Certificate of Status Desired	Fee R	equired	
City & State	9	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Count			8. This corporation owes or has paid the cu	rent year In	tangible	
24	25	29	30					No	
	9. Name and Address of Current					10. Name and Address of New Registered	Agent		
CHIRSTIANSEN, MICHAEL ERIC, ESQ.				B1	Name				
27	50 N. FEDERAL HIGHWAY			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33306			83					
				84	City	FL	.     `	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 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.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signalure, typed or profiled name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 10	rLE			Change	Addition	
NAME	STEIN, STUART L		1.2 NA	ME				;	
STREET ADDRESS				1.3 STREET ADDRESS				li	
CITY-ST-ZIP	ALBUQUERQUE NM		1.4 CI	TY-S	T-21P			:	
TITLE	DELETE		2.1 Tr	2.1 TITLE			☐ Change	Addition (	
NAME			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 \$		ADDRESS				
CITY-ST-ZIP			2.40		ST-ZIP				
TITLE		☐ DELETE	DELETE 3.1 TI		.		Change	☐ Addition	
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 ST	REET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP		IT-ZIP				
TITLE		DELETE	4.1 70	ILE			Change	Addition	
NAME			4.2N	AME					
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY - S	T- ZIP				
TITLE		DELETE	5.1 711	TLE			☐ Change	☐ Addition	
NAME			5.2 NA	ME				į	
STREET ADDRESS			5.3 ST	REET	ADDRESS			-	
CITY-ST-ZIP			5.4 CI	TY-S	T-ZIP				
TITLE	¥.,	DELETE	6.1 TI	TLE			Change	☐ Addition	
NAME	:		6.2 NA	ME				Ì	
STREET ADDRESS			6.3 ST	REET	ADDRESS				
CITY-ST-ZIP		_	6.4 CI	TY- S1	T-ZIP				
						6 1.0 00/01/01 Fr 11 0 17 0	111 11 11	7 3	

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 of supplemental annual report is supplemental annual report is used in 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 cliprorationor the receiver or trult per employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment an address.

STUBRE 4.

1- 9 99 505-889-01 m