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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 652084

(5)

NELSON J. HENDRIKSE, P.A.

Mailing Address

#3600 & W #36 OTx | 13200 S.W. 128 St. | WIAMI FL 33186 Suite E-1

FILED Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified			
					01/11/1980			
2. Principal Place of Business 2a. Mailing Address				Or-	4. FEI Number	} <del></del>	oplied For	
21 102 1	osw la placet	26 /3200 SW	1851	KUT	59-1996324		ot Applicable	
22 E-	W, etc.	Suite, Apt. #, etc.	·		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
- <i>?</i>	City & State City & State				6. Election Campaign Financing		May Be	
MIAMI, FLORIDA 28 MIAMI, Florida			DICION		Trust Fund Contribution	Added		
a 233/8	Country	7ip 35/86	Countr	у	8. This corporation owes or has paid the curre			
24 0000	9. Name and Address of Current	1271 2 -	30		Personal Property Tax due June 30.  10. Name and Address of New Registered A		_] No	
					81 Name			
HENDRIKSE, NELSON J 7401 SW 148 ST.			L					
			82	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33158					83			
			_					
			84	City	FL	<b>85</b> Zip i	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.								
SIGNATURE Signature, typed or printed nan-all registered agent, and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	···	13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	1S IN 12	
TITLE	P	DELETE	1.1 TITLE			Change	Addition	
NAME	HENDRIKSE, NELSON		12 NAME	-				
STREET ADDRESS	7401 SW 148 ST.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1,4 CITY -	ST-ZIP			[:	
TITLE		DELETE	2.1 T(TLE			Change	Addition	
NAME			2.2 NAME	1				
STREET ADDRESS			2.3 STREE	T ADDRESS			Į	
CITY-ST-ZIP			2 4 City-	S1-ZIP				
TITLE		DELETE	3.1 TITLE	1		Change	☐ Addition	
NAME			3.2 NAME	Į				
STREET ADDRESS			3.3 STREE	T ADDRESS			ľ	
CITY-ST-ZIP			3.4 CITY	ST-ZIP		_		
TITLE		☐ DELETE	4.1 TITLE		L	_] Change	☐ Addition	
NAME			4. 2 NAME				1	
STREET ADDRESS			4.3 STREF	T ADDRESS			1	
CITY-ST-ZIP			4.4 CITY -	ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE		L	Change	Addition	
NAME			5.2 NAME	[			ĺ	
STREET ADDRESS			5.3 STREE	F ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST - ZIP		<b>7</b>		
TITLE		[] DELETE	61 THTLE		L	] Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE					
CITY-ST-ZIP	and the surface and the surfac	this disp does not make it	6.4 CITY-		d in Castion 410 07/2Vi) Florida Classes 14 de	4. 1h c 1 1b -	informet	
14. Thereby 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 frustee 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:

Welm Handila on Me

2-10-98 305-255-2622