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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

(8)

Mailing Address

FRIEDMAN & GREENBERG, P.A.

FILED May 06 1998 8:00am Secretary of State



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1200 S PINE ISLAND RD PLANTATION FL 33324		1200 S PINE	1200 S PINE ISLAND RD PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1988				
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address		4. FEI Number	Ar	pplied For		
21		26	26		65-0037485	Not Applicable			
Suite, Apt. #, etc.			Suito, Apt. #, etc.				SR 75 Additional		
22		27	<u> </u>			5. Certificate of Status Desired Fee Required			
City & State		City & Sta	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	<u> </u>	Country 8. This corporation owes or has paid the current year Intangible					
24	[25]	29	30	<u>) </u>		Personal Property Tax due June 30. Yes No			
	g, Name and Address of Curr	ent Registered Age	nt	81	NI	10. Name and Address of New Registere	d Agent		
	EDMAN, ROBERT D.			81	Name				
	00 SOUTH PINE ISLAND RD ST	E 375		62	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
PL	ANTATION FL 33324			60					
				63					
				84	City		85 Zip (Code	
44 6					<u> </u>	F	L `		
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta im familiar with, and accept the obli	อนz and 607.1508, F te of Florida. Such c igations of, Section ย	iorida Statutės, hange was autl 307.0505, Florid	the above horized by la Statutes	e-named corpo the corpo	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing it opointment as	is registered registered	
SIGNATURE									
*****	Signature typed or printed name of registered a	gent and title if applicable ND DIRECTORS	(NOTE FI		nt signature re	equired when reinstating) DATE	UD DIDEOTOF	5675176	
12.	PD OFFICERS A		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AT	Change	Addition	
NAME	FRIEDMAN, ROBERT D.	_	JOLLEIL	1.2 NAME				Addition	
	1200 S PINE ISLAND RD								
STREET ADDRESS	PLANTATION FL			1.3 STREET				1	
CITY+ST+ZIP TITLE	SD		l nei ere	1.4 CITY - S	I - ZIP		Change	Addition	
NAME	OPERIOR DEPO					E Change E Augmon			
	1200 S PINE ISLAND RD			2.2 NAME	100000			į	
STREET ADDRESS	PLANTATION FL			2.3 STREET					
CITY-ST-ZIP TITLE	PANIATION PL	· · · · · · · · · · · · · · · · · · ·	DELETE	2 4 CITY - 5	IT-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
1		L	JUCCETC	3.1 TITLE		•	Change	Addition	
NAME PROFES ADDRESS				3.2 NAME	4000500			·	
STREET ADDRESS				3.3 STREET					
CITY - ST - ZIP			DELETE	3.4. CITY - S 4.1 TITLE	1 - ZIP		Change	Addition	
NAME		L-	Joccine	4.2 NAME			டு வளிக	L regulation	
STREET ADDRESS			1	4.2 NAME 4.3 STREET	*DODECC				
					1				
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-S 5.1 TITLE	1-202		Change	Addition	
NAME		-		5.2 NAME				radiilon	
STREET ADDRESS				5.2 NAME 5.3 STREET	Annocee				
CITY - ST - ZIP									
TITLE			DELETE	5.4 CITY-S 6.1 TITLE	1-211		Change	Addition	
NAME		_	, 5,000	6.2 NAME	-		□ Auguße	- AVORION	
STREET ADDRESS				6.3 STREET	Annoscen				
i									
CITY-ST-ZIP				6.4 CITY - ST	I-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 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 on an attachment with an address.

SIGNATURE: