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

	1990	·				
1. Corporation	MENT # K669(FAC, INC.	D1	(5)			
Dulandaral Dian	a of D minors	4.4	. A plata a s	····		H
Principal Place		Maning	g Address			
11409 LAKEVIEW DRIVE			11409 LAKEVIEW DRIVE			
		5A	DAL CODINIOS EL OS	1071	DO NOT WRITE IN THIS SPACE	
			CORAL SPRINGS FL 33071 US		3. Date Incorporated or Qualified	
		•			02/20/1989	Ì
2. Principal P	lace of Business	2a. Ma	illing Address		4. FEI Number Applied Fo	
21		26	3		65-0117312 Not Applic	
Suite, Apt.	#, etc.		te, Apt #, etc.		S8 75 Addition	
22		27			5. Certificate of Status Desired Fee Required	"
City & State	0		y & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	Ī
Zip	Country	Zır)	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29		30	Personal Property Tax due June 30. Yes X No	
=-1	9. Name and Address of Curre		d Agent	T	10. Name and Address of New Registered Agent	\neg
R	ONHAM, GENE S.			B1 Name		\neg
1/	404 AL-UNIVERSITY DR.			20 0	(DO Do North State And	
	UTE-685			82 Street A	Address (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33071			83	Williams 1	
U	OTAL SENINGS PL 3307 I			201	TE AIA	
				84 City	A SPRINGS FL 85 Zip Code	
44 Queunnt	to the provisions of Sections 607.06	12 and £07.1	FOR Florida Statut	or the above named (vod
office or r	egistered agent, or both, in the State	of Florida S	Such change was a	authorized by the corp	corporation submits this statement for the purpose of changing its registe oration's board of directors. I hereby accept the appointment as register	ed
agent. I a	m familiar with, and accept the oblig	ations of, Se	ction 607.0505, Flo	orida Statutes.		ĺ
SIGNATURE	Signature, typed or printed name of registered ag	onl profittle d per	distribute MIOTI	F Registered Agent signature r	equired when reinstating) DATE	— 1
12.	OFFICERS AN			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	-f
TITLE	DP MESER	7.	DELETE	1.1 TITLE TO E	WEBER Henry Schange Ad	dition
NAME	WEDDER, HENRY			12 NAME		ı
STREET ADDRESS	11409 LAKEVIEW DRIVE	7/		13 STREET ADDRESS	11409 lakeview Drive	j
CITY-ST-ZIP	CORAL SPRINGS FL 3302	y		1.4 CITY-ST-ZIP	Coral Springs Fl. 33021)
TITLE	COTTRE OF THIT COTTE COOL		DELETE	2.1 TITLE	Change Add	dition
NAME				2.2 NAME	Serena	
					WEBER Morion Drive	
STREET ADDRESS	1			2.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE			DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Coral springs FC. SSU	dition
			C OFFICIE		Onlinge L. Proc	JIGIOII
NAME				3.2 NAME		ļ
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP			T Severe	3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 TITLE	☐ Change ☐ Add	IIION
NAME				4. 2 NAME		
STREET ADDRESS				43 STHEET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·		4.4 C/TY-ST-ZIP		
TITLE			DELETE	5.1 TIFLE	Change Add	lition
NAME				5.2 NAME		ļ
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			DELETE	6 1 TITLE	Change Add	lilion
NAME	l			6.2 NAME		\
STREET ADDRESS				6.3 STREET ADDRESS		ľ
CITY-ST-ZIP				6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filling closs 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 supplication 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 preciver or fusion 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.

CICALATURE.

la/fr

01/28/98

FILED

May 04 1998 8:00am

Secretary of State