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

FILED Mar 31 1998 8:00am Secretary of State

| DOCU 1. Corporatio | MENT # M0799 | 95 (7) | | | |
|--|---|---|---|--|--|
| Principal Plac | D. SCHARF | Mailing Address C/O ROBERT D. SCHARF | | | |
| 4931 N.W. 82 AVE. LAUDERHILL FL 33351 | | 4931 N.W. 82 AVE. Lauderhill FL 33351 | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualified | 7.2.*** |
| | | | | 11/20/1984 | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | # ato | [26] | | 35-0261665 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | .0 | City & State | | Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | 'Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the cur | |
| 24 | 25 | | 30 | 1 | Yes No |
| | g, Name and Address of Curre | ent Registered Agent | 81 Name | 10. Name and Address of New Registered | Agent |
| | HARF, ROBERT D. | | Name | | |
| 3111 UNIVERSITY DR.,#418 SUITE 405 | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) | |
| | RAL SPRINGS FL 33065 | | 83 | | |
| | THE SPHRIOS PE 33003 | | | | |
| | | | 84 City | FL | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607 05 | 502 and 607.1508, Florida Statute | s, the above-named corp | poration submits this statement for the purpose of | changing its registered |
| office or r agent. La | registered agent, or both, in the Stat im familiar with, and accept the obli | te of Florida. Such change was au gations of, Section 607.0505, Flor | uthorized by the corporati ida Statutes. | ion's board of directors. I hereby accept the app | pointment as registered |
| SIGNATURE | | _ | | | |
| | Signature, typind or printed harne of engistered a | | Registered Agent signature require | The state of the s | D. D |
| 12. | PD | ND DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFICERS AND | Change Addition |
| NAME | HUSSLEIN, HOWARD | | 1.2 NAME | | |
| STREET ADDRESS | 4931 N.W. 82ND AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAUDERHILL FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | HUSSEEIN, SAVERIA | | 2.2 NAME | | |
| STREET ADDRESS | 4931 N.W. 82ND AVE. | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAUDERHILL FL | | 2 4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 3 1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | | ☐ DELE7E | 3.4. CITY - ST - ZIP 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 | | T north | 5.4 CITY-ST-ZIP | | Change Dadder- |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME DEPOSE ADDRESS | | | 62 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | certify that the information supplied | with this filma does not qualify for | 6.4 CITY-ST-ZIP | Section 119.07(3)(i), Florida Statutes, I further co | artify that the information |

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 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, or on an attachment with an address.

SIGNATURE: HOWARD HUSSLEW Some / Susle

;R2E034 (10/97)