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

	MENT # P9400 N, RYON & ASSOCIATES,	• •), 8 , 8) (18)
Principal Place	o of Business	Mailing Address					
10924 SW 134	L COURT	10924 SW 134 COURT					
MIAMI FL 3311		MIAMI FL 33186			DO NOT WRITE IN THIS SPACE.		
US		US			3. Date Incorporated or Qualified	SPACE.	
					01/06/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26	26		65-0474003	No.	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, otc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	•
22		27			C. Communication of Gladus Education	Fee Re	<u> </u>
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00	
Zip	Country	28 Zip	Cour	ıtru		Added t	
24	25	29	30	· •	This corporation owes or has paid the cu Personal Property Tax due June 30.		angioie No
	9. Name and Address of Curre		1001		10. Name and Address of New Registered		
TAN	VEN, JEFFREY S			91 Name			
ONE BISCAYNE TOWER - SUITE 3250			l _i	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
2 \$	BISCAYNE BOULEVARD		L				
MIA	MI FL 33131			83)			
			į,	94 City	F*1	85 Zip (Code
44 Durament	to the suminion of Casting COTOS	02 and CO7 1509 Florida Olat	dos the ob	l nemad so	FI	- 1	o registered
office or r	egistered agent, or both, in the State in familiar with, and accept the oblid	e of Florida, Such change was	authorized	by the corpora	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	pointment as	registered
•	m ramiliar with, and accept the oblig	gations or, Section 607.0505, r	ionda Statu	iles.			
SIGNATURE	Signature typical or printed name of registered as	gent and title if applicable (NO	IL: Registered	Agent signature requ	uired when reinstaling) DATE		
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AN		
TiTL€	ST	☐ DELETE	1.1 TOTA	\ \		Change	Addition
NAME	KAPLAN, SHARON		1.2 NAM	1			
STREET ADDRESS	10924 SW 134 COURT Miami Fl			EFT ADDRESS			
CITY-ST-ZIP TITLE	P	DELETE	2.1 TITL	r-ST-ZIP		Change	Addition
NAME	, KAPLAN, SEYMOUR		2.2 NAM	j j			
STREET ADDRESS	10924 SW 134 COURT			EET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL		2. 4 CIT	Y-ST-ZIP			'
TITLE	☐ DELETE 3.1		3.1 TITL	E		Change	Addition
NAME			3.2 NAN	AE .			
STREET ADDRESS				EFT ADDRESS			
CITY-ST-ZIP		Theirse		Y-ST-7IP		Obanas	T Addition
TITLE		☐ DELFTE	4.1 7(TL	ì		Change	Addition
NAME etocct andress			4. 2 NA				
STREET ADDRESS CITY-ST-ZIP				EFT ADDRESS (-ST-ZIP			
TITLE	······································		5 1 111L			Change	Addition
NAME			5.2 NAM	ME			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			5.4 GITY	/- S1 - ZIP			
TITLE		DELFTE	61 TITL	F		Change	Addition
NAME			6.2 NAN	11:			
STREET ADDRESS			6.3 S1R	EET ADDRESS			
CITY-ST-ZIP			6.4 CITY	'- \$1 - 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 armual 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.

CICHARUDE

Tumen Haklan

SEYMOUR KARLAN

1/8/98

FILED

Jan 16 1998 8:00am

Secretary of State

(305)30211061