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

**CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address  3195 WILLOW LANE  FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331	T WRITE IN THIS SPACE
FT. LAUDERDALE FL 33331  FT. LAUDERDALE FL 33331  DO NO  3. Date Incorporated or Ou  04/25/1994  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  65-0484262  Suite, Apt. #, etc.  5. Certificate of Status Des	
DO NO  3. Date Incorporated or Ot	
2. Principal Place of Business       2e. Mailing Address       4. FEI Number         21       26       65-0484262         Suite, Apt. #, etc.       5. Certificate of Status Des	ualified
2. Principal Place of Business       2a. Mailing Address       4. FEI Number         21       26       65-0484262         Suite, Apt. #, etc.       5. Certificate of Status Des	
Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
5. Certificate of Status Des	Not Applicable
22	sired \$8.75 Additional
0	Fee Required
City & State 6. Election Campaign Fina 23 Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·
	or has paid the current year Intangible
24         25         29         30         Personal Property Tax d	
9. Name and Address of Current Registered Agent 10. Name and Address of	New Registered Agent
ASS CUEDINAL CT	
4851 SHERIDAN ST. SUITE 300  82 Street Address (P.O. Box Number is Not A	Acceptable)
HOLLYWOOD FL 33021-3449	
84 City	85 Zip Code
	<b>FL</b> [ ] ]
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I herebagent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	for the purpose of changing its registered by accept the appointment as registered
SIGNATURE Signature, typicd or printed retirile of registered agest and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
	O OFFICERS AND DIRECTORS IN 12
TIFLE D DELETE 1.1 TITLE	Change Addition
NAME SHAPIR, CAROLYN 1.2 NAME	<b>}</b> ;
STREET ADDRESS 3195 WILLOW LANE 1.3 STREET ADDRESS	
CITY-ST-ZIP	Change Addition
TITLE D L. DELETE 21 TITLE  NAME SHAPIR, JONATHAN 222 NAME	Change Li Abultion
STREET ADDRESS 3195 WILLOW LANE 2.3 STREET ADDRESS	1
CITY-ST-ZIP FT. LAUDERDALE FL 33331 2.4 CITY-ST-ZIP	[
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	ĺ
STREET ADDRESS 33 STREET ADDRESS	. ]
CITY-\$1-ZIP   3.4.CITY-\$1-ZIP	Change Addition
	Change C Addition
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	1
CITY-ST-2IP 4.4 CITY-ST-2IP	
TITLE DELETE DELETE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
— <u>————————————————————————————————————</u>	Channe Addition
TITLE DELETE 6.1 TITLE	Change Addition
TITLE DELETE 6.1 TITLE  NAME 6.2 NAME	Change Adoition
TITLE DELETE 6.1 TITLE	Charige Addition

indicated on this annual report or supplied with init ming does not quality 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.

In the Carry