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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P94000050654 (0)

FITZSHMMONS WHITLEY & ASSOCIATES, INC.

FILED May 04 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | - E ABBARBAK AND ADAM BARKA BARKA DALAH DALAH BARKA | DE BURNE ODRING BUINTE HURUL PROLETON |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|-------------------------------------------|---------------------------------------------------------------|---------------------------------------|
| 6506 N. STATE RD. 7 COCONUT CREEK FL 33309 US | | 6506 N. STATE RD. 7 COCONUT CREEK FL 33309 US | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | |
| | | | | 07/01/1994 | |
| <u> </u> | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0504425 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | te | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Žιρ | Country | Zip | Country | 8. This corporation owes or has paid the o | |
| 24 | [25] | 29 | [30] | Personal Property Tax due June 30. | Yes No |
| 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent EITZCIAMANAC WILLIAM I 81 Name | | | | | |
| FITZSIMMONS, WILLIAM J 6250 NORTH ANDREWS AVENUE SUITE 206 FT. LAUDERDALE FL 33309 | | | | Iress (P.O. Box Number is Not Acceptable) | . 85 Zip Code |
| | | | | F | L ` |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | |
| | Signature, typed or printed name of registered ag | | E: Rugistered Agent signature requ | | |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | D EITZCHARACHIC VANI I AARA I | DELETE | 1.1 TITLE | | Change Addition |
| NAME STREET ADDRESS | FITZSIMMONS, WILLIAM J 7160 NW 44TH LANE | | 1.2 NAME | | |
| CITY-ST-ZIP | COCONUT CREEK FL | | 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | İ |
| TITLE | | DELETE | 21 TIRE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | | |
| STREET ADDRESS | | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 | | DELETE | 3.4. CITY - ST- ZIP 4.1 TITLE | - | Change Addition |
| NAME | | | 4. 2 NAME | | C Change C Racillon |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | j |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | DELETE | 61 THLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| City+st+zip | | | 6.4 CITY-ST-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 arrival report or suppliemental 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:

954 428 -0100