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

DOCUMENT # P94000081648 (5)

CARTH CHIME CORROBATION

FILED Feb 04 1998 8:00am Secretary of State

EANIN	Shine Confonation									
Principal Plac	e of Business	Mi	ailing Address	· ····					JO DA viu v išal v	FADI FAIT (OT)
1208 ORANGI			4101 N.W. 4 ST.							
FT. LAUDERD	UNRISE FL 33325					DO NOT WRITE IN THIS:	SPACE			
								Date Incorporated or Qualified 11/04/1994		
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		Applied For
21		26						65-0548925	ı	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22		27						o, definidate of clarate potential		Required
City & Stat	6	\vdash	City & State					6. Election Campaign Financing		May Be
23]		28						Trust Fund Contribution		d to Fees
Zip .	 		Zip Cour			,		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	25 9. Name and Address of Current	29	tered Agent	30	1			10. Name and Address of New Registered		
141		. magis	solou riguilt		B1	Name	· · · · · · · · · · · · · · · · · · ·	10. Trailing with Good on their in Rigidad	guit	
	KOBOWSKI, WALTER T									
1208 ORANGE ISLE			82 Str			Street	Addre	ss (P.O. Box Number is Not Acceptable)		
FI.	LAUDERDALE FL 33315				83					
					84	City		FL	65 Zip	o Code
office or r	registered agent, or both, in the State im familiar with, and accept the obligation	of Florid Itions of	da. Such change was a f, Section 607.0505, Fk	authorize orida Sta	ed by tutes	y the coi s.	rporatio	ration submits this statement for the purpose o n's board of directors. I hereby accept the app	I changing jointment a	its registered is registered
	Signature, typed or printed name of registered ager				d Age	ent signafui	re required	When re-installing) DATE	DIDECTO	
12.	OFFICERS AND) DIREC	DELETE	13.	ITI E		T	ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	JAKOBOWSKI, WALTER T		בין טנננונ	12 N					Ontarigo	
NAME OTREET ADDRESS	1208 ORANGE ISLE					ADDRESS				
STREET ADDRESS	FT. LAUDERDALE FL 33315			1						
CITY-ST-ZIP TITLE	P		DELETE	211		ST-ZIP			Change	Addition
NAME	JAKOBOWSKI, JUDITH E			22 N						
STREET ADDRESS	1208 ORANGE ISLE					ADDRESS				
	FT. LAUDERDALE FL 33315					ST-ZIP				
CITY-ST-ZIP TITLE	VP		DELETE	311		01-71L			Change	Addition
NAME	RILEY, JAMES			32 N						-
STREET ADDRESS	14101 N.W. 4TH ST.					ADDRESS				
CITY-ST-ZIP	SUNRISE FL 33325					ST-ZIP				
TITLE			DELETE	411					☐ Change	Addition
NAME				4 2 1	MAME					
STREET ADDRESS				43S	TREET	ADDRESS				
CITY-ST-ZIP						ST-ZIP				
TITLE			DELETE	5.1 T					☐ Change	Addition
NAME	•			5.2 N	IAME					
STREET ADDRESS				5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				5.4 C	HY-S	ST - ZIP				
TITLE			☐ DELETE	6.1 T					☐ Change	Addition
NAME				6.2 N	AME					
STREET ADDRESS				63S	TREET	ADDRESS				
CITY-ST-ZIP				6.4 C	ITY-S	T-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 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.

1-22-06