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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005463 (1)

	ED PROPERTIES OF ORLI	ando, I	NC.							
Principal Place of Business Mailing Address						- A TÖĞNIĞƏN NIĞ ABIBL BININ BƏNIN B		FFW1 W 111 W W1W	1196 INI 1861	
7975 N.W. 154 ST. 7975 N.W. 154 ST. SUITE 400 SUITE 400 MIAMI LAKES FL 33016 MIAMI LAKES FL 33016							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 01/20/1995			
2. Principal F	Place of Business	20	. Mailing Address				4. FEI Number			pplied For
21	rado or businoss	26	Walling Address				65-0558606			ot Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.							Additional
22		27					5. Certificate of Status Desired		Fee R	equired
City & Sta	nto		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28		T			Trust Fund Contribution		Added	to Fees
Zip	Country	ļ,	Zip	Coun	ilry		8. This corporation owes or has p			
24	9. Name and Address of Cu	29	stered Agent	30			Personal Property Tax due Jun 10. Name and Address of New R			□ No
140	ODKIN, PETER M	illett negr	ereten Water		B1 N	lame	10, Harrie and Address of Hew I	iogistoi su	Naur	
	200 WEST COMMERCIAL BLVI	b		Ľ						
SUITE 302			1	82 S	street Addre	ess (P,O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33309				Ì	83					
				<u> </u>	B4 (City			85 Zip	Code
			·			•		<u>Fl</u>	-	
11. Pursuant office or agent. I a	t to the provisions of Sections 607, registered agent, or both, in the Sa am familiar with, and accept the of	.0502 and (itale of Flor bligations (607.1508, Florida Statut ida. Such change was i of, Section 607.0505, Fl	es, the abo authorized orida Statu	ove-n by th ites.	amed corpo e corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of opt the ap	of changing i pointment as	ts registered registered
SIGNATURE	ı									
SIGNATURE	Sloot to broad or project copps of group loss.	S accord need bill	had annihookile. (NO)	i Domictored	Accept p	localura require	ad uttor reignation)	DATE		
	Signature, typed or printed nature of registere. OFFICERS			i. Registered	Ageni s	lgnature require	ad when reinstating) ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	RS IN 12
12.	Signature, typed or printed name of registere-					gnature require	ad when reinstating) ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
12.	Signature, typed or printed name of injustice. OFFICERS UMIJARES, ANTHONY JR.	AND DIRE	C1ORS	13.	.E	ignalura require				
12.	OFFICERS D MIJARES, ANTHONY JR. 7975 N.W. 154TH ST., SL	AND DIRE	C1ORS	13. 1.1 TITL	VE LE					
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14. I hereby certify that the information supplied with this filling 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 are 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:

Buck Robert Brick

2/16/98 305-558-2600

FILED

Feb 24 1998 8:00am

Secretary of State