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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	IMEN I on Name C INDUST	# P97(RIES, INC:	0000	11703	3 (0)				
Principal Pla	Mailing Address					- SOUTH AND THE TREET TOOM WOUND BOTH BOTH BOTH STATES STATES THE BREET WAS TOOK			
8103 NW 71ST COURT				8103 NW 71ST COURT					
TAMARAC FL 33321				TAMARAC FL 33321					DO NOT WORK IN THE COLOR
1									DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
									3. Date incorporated or Qualified 02/03/1997
2. Principal	Place of Busin	ness		2a. Mailing Address					4. FEI Number Applied For
21) · · ·	26					65-0759923 Not Applicable
Suite, Apt. #, etc.				Suite, Apl. #, etc.					SR 75 Additional
22)			2	27					5. Certificate of Status Desired Fee Required
City & State			L	City & State				_	6. Election Campaign Financing \$5.00 May Be
23			2	26					Trust Fund Contribution Added to Fees
Zip	` -		<u> </u>	Zip		~	Country		8. This corporation owes or has paid the current year Intangible
24 25 29 3 9, Name and Address of Current Registered Agent						30]			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
<u> </u>	AUSKNECH	····			`` -	81	I Na	me	15.
	103 NW 71S					_	<u> </u>		70 B Hart 1 Hart
TAMARAC FL 33321							82 Street Ad		lress (P.O. Box Number is Not Acceptable)
."		****				83	3		
						84	Cit		lee Zin Codo
}							1		FL 85 Zip Code
11. Pursuant	t to the provis	ons of Sections 60	7.0502 and	3 607.1508, Flo	orida Statute:	s, the abov	e-nar	ned corp	poration submits this statement for the purpose of changing its registored tion's board of directors. I hereby accept the appointment as registered
agent. I	am f am iliar wi	th, and accept the	obligations	onda. Section 60	07.0505, Flor	ida Statuto	os.	COIPGIAIN	mon's board or dijectors. Thereby accept the appointment as registered
SIGNATURE									
12.	Signature, lyped	or profest name of register	ered agent soid RS AND DIF		(NOIE	Registered Ag	gent sign	ature require	red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Opr	SIDENT	19 8040 171		DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME			-6.11			1.2 NAME		1	
STREET ADDRESS	TADDRESS 8103 N. W. 71		3 KNO	VOUTT		1,3 STREET ADDRESS		ss	
CITY-ST-ZIP	8/0	3 N. W. 7	7 - 6	~~ 1 22	221	1.4 CITY -			
TITLE	1/1/	AKACT	CON		DELETE	2.1 TITLE	01 2		Change Addition
NAME	1000	RETARY	LAICO	47		2.2 NAME		- }	*
CITY-ST-ZIP TAMARAC, FCON SECRETARY NAME OECIA HAUSKNET STREET ADDRESS CITY-ST-ZIP POSNW7/CC., TRMH				Mr N 22201 23			T ADDRI	ss	
CITY-ST-ZIP	8703 N K	71 ct. 7	HMH K	16,+23	3521	2. 4 CITY-	S1 - 21P		
TITLE					DELETE	3.1 TITLE			Change Addition
NAME						3.2 NAME		1	
STREET ADDRESS	1					3.3 STREE	T ADDRI	ss	
CITY-ST-ZIP	 				DELETE	3.4. CITY-	ST-ZIP		
TITLE	1			Ц	DELETE	4.1 TITLE		-	Change Addition
NAME OTRECT ADDRESS						4. 2 NAME			
STREET ADDRESS	1					4.3 STREE		SS	
CITY-ST-ZIP TITLE	 				DELETE	4.4 CITY -	ST-ZIP		☐ Change ☐ Addition
NAME				ت		5.7 OFCE			D olivings C1 Addition
STREET ADDRESS						5.3 STREE		22	
CITY-ST-ZIP						5.4 CITY -		~	
TITLE	 				DLLETE	6.1 TITLE	V1-711	-1	Change Addition
NAME						6.2 NAME			· · · _
STREET ADDRESS						6.3 STREE		ss (
CITY-ST-ZIP	1					64 CITY-]	

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.