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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STÂTE

Sandra B. Mortham

FILED

Feb 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Na		J0074933 (7)			
Principal Place of	Business	Mailing Address			
1 '		1855 GRIFFIN ROAD			
1855 GRIFFIN ROAD DCOTA B-308		DCOTA B-308			
DANIA FL 33004		DANIA FL 33004			DO NOT WRITE IN THIS SPACE
ļ					3. Date Incorporated or Qualified
2. Principal Place	of Rusiness	2a, Mailing Address			08/28/1997 4. FEI Number Applied For
21	Qi Busii loss	26			4, FEI Number Applied For 65-0590425 Not Applicab
Suite, Apt. #, et	lc.	Suite, Apt. #, etc.			CO 75
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes No
24	25 Name and Address of Curr	29 ent Registered Agent	30]		Personal Property Tax due June 30. XX Yes No 10. Name and Address of New Registered Agent
<u></u>	DO, CHARLES J		81	Name	ne
	ARIFFIN ROAD		82	Chunch	Jerome Cianfrini et Address (P.O. Box Number is Not Acceptable)
	\ B-308		82	Street	1725 S.W. 2nd Avenue
	FL 33004		83		
	· ·		84	City	85 Zip Code
		<u> </u>			Boca Raton FL 85 Zip Code 33432 ed corporation submits this statement for the purpose of changing its registere
SIGNATURE Signa	lun, Typed or printed name of registered a	gent and title if applicable (NOTI	E Registered Ag		Orporation's board of directors. I hereby accept the appointment as registered Jerome Clanfrini 1-12-98
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		L_I DELE te	1.1 TITLE		P. Change Addition
NAME			1.2 NAME		Jerome Cianfrini
STREET ADDRESS				ADDRESS	1 = 1 = 2 = 1 = 1 = 1 = 1 = 1 = 1 = 1 =
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	1.4 CITY-1	51 - ZIP	Boca Raton, FL 33432
NAME			2.2 NAME		
STREET ADDRESS			23 STREET	ADDRESS	s ·
CITY-ST-ZIP			2. 4 DITY-	ST-ZIP	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	S
CITY-ST-ZIP		DELETE	3.4. C/TY-	ST-ZIP	Clores Classes
TITLE		LLI DELETE	4.1 TITLE		Change
NAME .			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET		5 1
TITLE		☐ DELETE	5.1 TITLE)1 - CIF	Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	s
CITY-ST-ZIP			5.4 CITY - S	J	
TITLE		DELETÉ	6.1 TITLE		Change Additio
NAME			6.2 NAME		
STREET ADDRESS	\wedge		6.3 STREET	ADDRESS	\$

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 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 composition 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.