## 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 #

(0)

	1	CILEL	)
Apr	03	1998	8:00am
Sec	cre	tary o	f State

PAHRE	K & MALUNEY, P.A.						
Principal Place	e of Business	Mailing Address				- ! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
•		•					
300 ARAGON STE #380	AAE	300 ARAGON AVE STE #380					
		CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualified	
						05/29/1991	ı
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				65-0266161 Not Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	1
22		27				Fee Required	╛
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution	4
Zip	Country	Zip	_	untry		8. This corporation owes or has paid the current year Intangible	-
24	25 Name and Address of Current		30	,		Personal Property Tax due June 30. Yes No	4
		negistered Agent		81	Name	10. Name and Address of New Registered Agent	$\dashv$
	CKEY, JOHN H.				Name		-
	D1 BRICKELL AVENUE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	٦
	ITE 800			83			$\dashv$
MLF	AMI FL 33131			~			-
				84	City	85 Zip Code	٦
77 6	007.05.00	1007 4500 50 11 01		<u>LL</u>		FL   S   Zip Code	_
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligat	f Florida. Such change was a	uthorize	d by t	the corporatio	vation submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
O'GITATOTIC	Signature, typed or printed name of registered agent	and little if applicable (NOTE	Registere	d Agen	I signature required	d when reinstating) DATE	∐ւ
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 10	TLE	ľ	L Change Addition	,   ;
NAME	MALONEY, JAMES C		1.2 N	AME	ľ		
STREET ADDRESS	300 ARAGON AVE, #380		1.3 \$	TREET A	DDRESS		H
CITY-ST-ZIP	CORAL GABLES FL		1.4 C	TY-ST	- ZIP		_
TITLE		☐ DELETE	2.1 T	TLE		Change Addition	<u>ا</u> ا
NAME			2.2 N	AME			
STREET ADDRESS			2.3 \$	TREET A	DDRESS		
CITY-ST-ZIP			2.40	CITY - ST	- ZIP		
TITLE		L DELETE	3.1 1	TLE		Change Addition	4
NAME			3.2 N	<b>AME</b>			ļ
STREET ADDRESS			3.3 S	TREET A	DDRESS		-
CITY-ST-ZIP			3.4. 0	ITY-ST	- <b>2</b> 1P		
TITLE		DELETE	4.1 Ti	TLE		☐ Change ☐ Addition	7
NAME			4.21	AME			
STREET ADDRESS			4.3 S	TREET A	DDRESS		1
CITY-ST-ZIP			4.4 C	ITY-ST-	- ZIP		1
TITLE		DELETE	5.1 Ti	TLE		☐ Change ☐ Addition	7
NAME			5.2 N	AME			
STREET ADDRESS			5.3 S	TREET A	DDRESS		
CITY-ST-ZIP			5.4 C	ITY-ST-	- ZIP		
TITLE		DELETE	6.1 TI			Change Addition	1
NAME			6.2 N	AME		- <del>-</del>	
STREET ADDRESS					DDRESS		1
CITY-ST-ZIP				ITY-ST			
14. I hereby o	certify that the information supplied with	this filing does not qualify for	r the ex	empti	on stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information	1

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 or application with an address.