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

| COF<br>ANNI   | PROFIT<br>RPORATION<br>JAL REPORT<br>1998                                      | Sandra I<br>Secreta              | FLORIDA DEPARTMENT  Sandra B. Mort  Secretary of Sta |          |              |                      | Mar 26 1998 8:00am<br>Secretary of State                                |                       |   |                                    |            |
|---|--|----------------------------------|--|----------|--------------|----------------------|---|-----------------------|---|------------------------------------|------------|
| DOCU<br>1. Corporatio   | MENT # G531  | 52 (6)                           |  |          |              |                      | 4 1201111 0004 20100 11104 11004 2111                                   | 0 1184 2181) S        | h <b>ā</b> hi <b>B</b> jājā <b>Bill</b> i | ii ahbii dibii ta                  | 11         |
|   |  |                                  |  |          |              |                      |   |                       |   |                                    |            |
| Principal Plac  | e of Business  | Mailing Address                  |  |          |              |                      | 188(111 838) 84(88 1118) 1181 81884 84(1                                | <b>.</b> 1181 8/811 8 | IIBNI MEREL MINI                          | (1 <b>0101</b> ) <b>010</b> 11 101 | H          |
| 438 S. DIXIE HWY E. 438 S. DIXIE HWY E. POMPANO BEACH FL 33060 POMPANO BEACH FL |  |                                  | 33080  |          |              |                      | do not writ   | E IN THIS             | SPACE                                     |                                    |            |
|   |  |                                  |  |          |              |                      | <ol> <li>Date Incorporated or Qualified<br/>08/05/1983</li> </ol>       |                       |   |                                    |            |
| 2. Principal P  | lace of Business   | 2a. Mailing Address              |  |          |              |                      | 4, FEI Number   |                       |   | Applied For                        |            |
| Suite, Apt.   | # 010  | Suite, Apt. #, etc.              |  |          |              |                      | <u>59-2315637</u>   |                       |   | Not Applica                        | ble        |
| 22 Suite, Apt.  | w, etc.  | 27) Suite, Apr. #, 4tc.          |  |          |              |                      | 5. Certificate of Status Desired  |                       |   | Additional<br>Regulred             |            |
| City & Stat   | 0  | City & State                     |  |          |              |                      | Election Campaign Financing     Trust Fund Contribution                 |                       | \$5.0                                     | O May Be                           |            |
| Zip<br>24   | Country 25   | Zip <b>29</b>                    | 30 Co  | untry    |              |                      | B. This corporation owes or has p<br>Personal Property Tax due Jun      |                       | rrent year l                              |                                    |            |
|   | g. Name and Address of Curre   | nt Registered Agent              |  |          |              | 1                    | 0. Name and Address of New R  | egistered             | Agent                                     |                                    |            |
|   | VEINBERG, STEVEN A.  |                                  |  | 81       | Name         |                      |   |                       |   |                                    |            |
|   | 000 PETERS ROAD  |                                  |  | 82       | Street A     | Address              | (P.O. Box Number is Not Accepte   | ble)                  |   |                                    |            |
| ۲   | PLANTATION 33324   |                                  |  | 83       |              |                      |   |                       |   |                                    | {          |
|   |  |                                  |  |          |              |                      |   |                       |   |                                    | _          |
|   |  |                                  |  | 84       | City         |                      |   | FL                    | 85 Zij                                    | p Code                             |            |
| office or r   | to the provisions of Sections 607.05<br>egistered agent, or both, in the State | o of Florida. Such change was    | authorize  | id by    | the corp     | corpora<br>poration! | tion submits this statement for the s board of directors. I hereby acce | purpose o             | of changing<br>pointment a                | its register<br>as registere       | be         |
| agent. I a<br>SIGNATURE   | m familiar with, and accept the oblig  | gations of, Section 607.0505, FI | orida Sta  | tutes    | <b>5</b> .   |                      |   |                       |   |                                    |            |
|   | Signature, typed or printed name of registered as                              |                                  |  | d Age    | nt signature | e required w         | nen reinstating)  | DATE                  |   |                                    | 6          |
| 12.   | PD OFFICERS AN   | ND DIRECTORS    DELETE           | 13.  |          |              | т                    | ADDITIONS/CHANGES TO OFFI   | CERS AN               | D DIRECTO  Change                         |                                    | <u></u>  8 |
| NAME  | GORDON, EDWARD   | C. Viteli                        | 1.2 N  |          |              |                      |   |                       | C CHEING                                  | ,                                  | , S        |
| STREET ADDRESS  | 8282 NW 36TH STREET  |                                  |  |          | ADDRESS      |                      |   |                       |   |                                    | [          |
| CITY-\$1-ZIP  | SUNRISE FL   |                                  |  | ITY-S    | 1            | 1                    |   |                       |   |                                    | ្ត្រី      |
| TITLE   | T  | ☐ DELETE                         | 2.1 T  | ITLE     |              |                      |   |                       | ☐ Change                                  | e 🔲 Addit                          | ion C      |
| NAME  | GORDON, JUDITH   |                                  | 22 N   |          | 2.2 NAME     |                      |   |                       |   |                                    | - 1        |
| STREET ADDRESS  | 8282 NW 36TH STREET  |                                  | 1  |          | ADDRESS      |                      |   |                       |   |                                    |            |
| CITY-ST-ZIP<br>TITLE  | SUNRISE FL   | ☐ DELETE                         |  |          | ST-ZIP       |                      |   |                       | Change                                    | e Addit                            | ion        |
| NAME  |  | C ottit                          | 3.1 TITLE<br>3.2 NAME                                |          |              |                      |   |                       | ட்  | , <u> </u>                         | 1001       |
| STREET ADDRESS  |  |                                  |  |          | ADDRESS      |                      |   |                       |   |                                    |            |
| CITY-ST-ZIP   |  |                                  |  |          | ST-ZIP       |                      |   |                       |   |                                    |            |
| TITLE   |  | DELETE                           | 4.1 TITLE  |          |              |                      |   |                       | Change                                    | e 🔲 Addit                          | ion        |
| NAME  |  |                                  | 4. 2 NAN   |          |              |                      |   |                       |   |                                    |            |
| STREET ADDRESS  |  |                                  |  |          | ADDRESS      |                      |   |                       |   |                                    |            |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                         | 4.4 C<br>5.1 T                                       | ITY-S    | T-ZIP        | <del> </del>         |   |                       | Change                                    | e 🔲 Addit                          | ion        |
| NAME  |  |                                  | 5.1 I  |          |              | l                    |   |                       | CIT O TOTAL                               | ,                                  | nan i      |
| STREET ADDRESS  |  |                                  |  |          | ADDRESS      |                      |   |                       |   |                                    |            |
| CITY-ST-ZIP   |  |                                  |  | iTY-S    |              | l                    |   |                       |   |                                    |            |
| TITLE   |  | ☐ DELETE                         | 6.1 T  |          |              |                      |   |                       | Change                                    | e 🔲 Addit                          | ion        |
| NAME  |  |                                  | 6.2 N  |          | }            |                      |   |                       |   |                                    |            |
| STREET ADDRESS  |  |                                  | 1  |          | ADDRESS      |                      |   |                       |   |                                    |            |
| CITY, ST. 7IP   |  |                                  | ■ £4C  | ITY - ST | 1.7ID        | 1                    |   |                       |   |                                    | - 1        |

14. Thereby 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.

JUDITH BORDUL 3-18-08 GENOULS 120

**FILED**