## 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

P94000014500 (0) DOCUMENT # 443 CORPORATION, INC. Principal Place of Business Mailing Address 443 NE 16TH AVE 2861 NE 28 ST FT LADUERDALE FL 33302 FT LAUDERDALE FL 33306 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0558904 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name BINNS, ROBERT J 2861 NE 28 ST Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33306 83 84 85 Zip Code City 9502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered sale of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the prov office or registered a agent. I any lamiliar SIGNATURE INOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. FLICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition BINNS, ROBERT J NAME 1.2 NAME 2861 NE 28 ST STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP ■ DELETE ☐ Addition 3.1 TITLE Change TATLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CfTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME

14. I hereby certify that the information semiled 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 of supply hereal arguer to the confidence of the confidenc

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

129/98

**FILED** 

Apr 02 1998 8:00am

Secretary of State