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 # P97000107197 (0)

FRESH START PROPERTIES, INC.

rincipal Place of Business	Mailing Address
15300 NE 14TH CT	15300 NE 14TH CT
N MIAMI BEACH FL 33162	N MIAMI BEACH FL 3316

FILED Apr 16 1998 8:00am Secretary of State



:						
Principal Place of Business Mailing Address					-	Tassi imalit itara tariz radi kasi
15300 NE 14TH CT 15300 NE 14TH CT N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162		33162				
					DO NOT WRITE IN THI	S SPACE
					 Date Incorporated or Qualified 12/22/1997 	
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0808657	Not Applicabl
Suite, Apt	Suite, Apt #, etc Suite, Apt. #, e		etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	- m		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zιρ	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registers	d Agent
	OLDEN, LORRAINE		61	Name .		
15300 NE 14TH CT N MIAMI BEACH FL 33162			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	uu
			83			
				<u> </u>		Te-1 7: 0 4:
			1 1	City	F	85 Zip Code
office or agent 1 a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the obli- Signature, typed or printed name of registered a		as authorized by t Florida Statutes.		oration submits this statement for the purpose ion's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	agrigio iodore	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	I PD	DELETE	1.1 TITLE		7,00111011070174102070 07110211071	☐ Change ☐ Addition
NAME	BRYANT, JULIA M		1.2 NAME	İ		
STREET ADDRESS	15300 NE 14TH CT		1.3 STREET AL	ODRESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33162		1.4 City-St-	ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	GOLDEN, LORRAINE		2.2 NAME			
STREET ADDRESS	15300 NE 14TH CT		2.3 STREET AL	DORESS		
CITY-ST-ZIP	N MIAMI BEACH FL 33162		2. 4 CITY - ST-	21P		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AL	OORESS		
CITY-\$1-ZIP			34. CITY-ST-	ZIP		
TITLE		☐ DELETE	4 1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AC	DORESS		
CITY-ST-ZIP			4.4 CITY-ST-			
TITLE				ZIP		
NAME		☐ DELETÉ	5.1 TITLE	ZIP		Change Additio
		☐ DELETÉ	5.1 TITLE 5.2 NAME			Change Additio
STREET ADDRESS		☐ DELETE	5.1 TITLE			Change Additio
CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET AI 5.4 CITY-ST-) DDRESS		
CITY-\$1-ZIP TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE) DDRESS		Change Additio
CITY-\$1-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE 6.2 NAME	DDRESS ZIP		
CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET AI 5.4 CITY-ST- 6.1 TITLE	DDRESS 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 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.

SIGNATURE: Lorraine Gol

4-7-98 (305)949-9620