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

PROFIT
CORPORATION
ANNUAL REPORT
1998
OCUMENT #
Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400004413 (8)

1. Corporation U.S. GF	n Name ROUNDS,	INC.		(0)				4 18 8 18 8 18 4 18 18 18 18 18 8 8 18 18 8 8 18 8 8 18 8 8 8 18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			DE <b>DE</b> # SIII   <b>DD</b>
Delegated Disc.	D i		Adelle								
Principal Place of Business Mailing Address											
17231 NW MIAMI CT. P.O. BOX 64111 NORTH MIAMI BEACH FL 33169 MIAMI FL 33164							i				
						DO NOT WRITE IN THIS SPACE					
	1 pp			SAME				Date Incorporated or Qualified 01/10/1994			
2. Principal Pl	lace of Busin	ness	<b>—</b>	2a. Mailing Address			4.				Applied For Not Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						\$8.7	5 Additional
22			27	27			5.	Certificate of Status Desired	u	•	Required
City & State	3		City &	City & State			6.	Election Campaign Financing		\$5.0	OO May Be
23			28					Trust Fund Contribution Added to Fees			
Zip		Country	Zip		Country	′	8.	This corporation owes or has pa			
24	A Name	25 Address of	29 Current Registered	Anant	30			Personal Property Tax due June Name and Address of New Re		Yes	∐ No
DAV			Current negletered	H Bain	81	Name			Aistelen	Agent	
BAKAR, ISAAC 17231 NW MIAMI CT.							BAK	ar, Isaac			
NORTH MIAMI BEACH FL 33169							ddress (P	O. Box Number is Not Acceptate 187 57	ole)		
1101	. ( ( ) ( ) ( ) ( )	00101111100	100		83		<del>:</del> ,	<u> </u>			
	•				0.0	60	لمعكد	PC		12-1 -	
					84		uiam	-i	FL	_  85   Z	ip Code 33160
11. Pursuant t	o the provis	ions of Sections (	607.0502 and 607.150	8, Florida Statut	tes, the abov	e-named o	corporation	n submits this statement for the poard of directors. I hereby acce	purpose (	of changing	g its registered
agent. I ar	m familiar w	nd accopt t	e obligations of, Secti	on 607.0505, FI	orida Statute	s.	o and o			pointinon.	as regioneres
SIGNATURE		or printed name of reg	Stored agent and title if applica	, No.	IE Registered Ag			4/2	7/98	<del></del>	
12.	Siprone, lypioc		RS AND DIRECTORS		13.	eni signature		ADDITIONS/CHANGES TO OFFI	CERS AN	ID DIRECT	ORS IN 12
TITLE	DPS			DELETE	1.1 TITLE		<u>·</u>			Chang	
NAME	BAKAR,	ISAAC			12 NAME						
STREET ADDRESS					1.3 STREET ADDRESS						
CITY-ST-ZIP					1.4 CITY- S	ST-21P					
TITLE	•				2.1 TITLE					Chang	ge Addition
NAME						2.2 NAME					
STREET ADDRESS 17231 NW MIAMI COURT					2.3 STREET	2.3 STREET ADDRESS					
CITY-ST-ZIP		MIAMI BEACH	FL	L DOLETT	2. 4 CITY-	ST-ZIP					
TITLE	VP DOCEMB	VASSER, ROBE	OT MOTOR	DELETE	3.1 TITLE					Chang	e 🔲 Addition
NAME		W MIAI COURT			3.2 NAME						
STREET ADDRESS CITY-ST-ZIP		MIAMI BEACH			3.3 STREET						
TITLE	",	MICHINI DENOIT	<u> </u>	DELETE	3.4. CITY - 4.1 TITLE	51-211				Chang	e Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	- 1					
CITY-ST-ZIP					4.4 CITY - S						
TITLE				DELETE	51 TITLE			***************************************		☐ Chang	je Addition
NAME					5.2 NAME					_	- 1
STREET ADDRESS					5.3 STREFT	ADDRESS				JC S	18
CITY-ST-ZIP					5.4 CITY - 9	T-ZIP					
TITLE				DELETE	6 1 TITLE					Chang	ge Addition
NAME					6.2 NAME			30000251 -05/11/980100	rej	ໃຊ	
STREET ADDRESS					6.3 STREET	ADDRESS		-05/11/980100	(UL	Jβ	

CITY-ST-ZIP

64 CITY-ST-ZIP

64 CITY-ST-ZIP

\*\*\*150.00

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 cath; 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.

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Bul

TEAM BALLA

4/22/00

2.6-6.22-1190

**FILED** 

May 08 1998 8:00am

Secretary of State