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 #

1. Corporation Name

(0)

FILED Apr 02 1998 8:00am Secretary of State

Principal Place	ce of Business 4TH AVE BEACH FL 33064	Mailing Address 2451 N E 4TH AVE POMPANO BEACH FL	33064	DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
				, ·	
6 Principal C	Place of Business	2a. Mailing Address		05/26/1950 4. FEI Number	1 10-6-36-
	INCO OF BUSINESS	<u>├</u> ┐		• • • • • • • • • • • • • • • • • • • •	Applied For Not Applicable
Suite, Apt.	# ptc	26		59-0670348	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre		1==1	10. Name and Address of New Registere	
	ANE, CARL SCOTT		81 Name		
2451 NE 4TH AVE POMPANO BEACH FL 33064			00 00 11	700 D N 1	
			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
r	OMPANO BEACH PL 33004		83		
			84 City	F	85 Zip Code
44 Pursuant	to the provisions of Sections 607 050	22 and 607 1508. Florida Statu	tes the above-named co	propration submits this statement for the purpose	
office or i	registered agent, or both, in the State	of Florida. Such change was	authorized by the corpor	ration's board of directors. I hereby accept the ap	ppointment as registered
agent. La	am familiar with, and accept the oblig	pations of, Section 607,0505, Fi	orida Statutes.		
SIGNATURE	**************************************	Alone de la constante de la co	IF: Registered Agent signature red	DATE	
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	JD DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	LANE, CARL SCOTT		1.2 NAME		
	2451 NE 4TH AVE				
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	POMPANO BEACH FL	DELETE	1.4 CHY-ST-ZIP 2.1 HTLE		Change Addition
	VD CEODOE D		1		C change C Modition
NAME OTDEET ADDRESS	KNOPP, GEORGE D		2.2 NAME		
STREET ADDRESS	2451 NE 4TH AVE		2.3 STREET ADDRESS		Í
CITY-ST-ZIP	POMPANO BCH FL	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE	TD CANELLE MICHAEL	□ DECEIC	3.1 TITLE		Change MOUNTON
NAME	SAVELLE, MICHAEL		3.2 NAME		
STREET ADDRESS	2451 NE 4 AVE		3.3 STHEET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	Dr. TTC	3.4. CiTY-ST-ZiP		Dharas Astro
TITLE	\$D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SOLITT, MICHAEL		4. 2 NAME		
STREET ADDRESS	2451 NE 4 AVE		4.3 STREFT ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	SAVELLE, SIDNEY H.		5 2 NAME		
STREET ADDRESS	1000 NW 73 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI_FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 T(TLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied	vit this filing does not qualify f		in Section 119.07(3)(i), Florida Slatutes. I further	certify that the information

or accurate and that my signature shall have the same legal effect as if made under oath; that I am a ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report of supplied officer or director of the corporation or the Block 12 or Block 13 if changed, or on an