COF ANNU	PROFIT PORATION JAL REPORT 1998	Sandr Sec	PARTMENT OF STATE <b>a B. Mortham</b> letary of State DF CORPORATIONS		1998 8:00a ary of State
	MENT # 18961 CORPORATION	Mailing Addross			
4041 COLLINS AVENUE         4041 COLLINS AVENUE           MIAMI BEACH FL 33140         MIAMI BEACH FL 33140					
				DO NOT WRI 3. Date Incorporated or Qualified	TE IN THIS SPACE
				12/17/1955	
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number	Applied For Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u>11-6009388</u>	\$8.75 Additional
2		27 City P State		5. Certificate of Status Desired	Fee Required
City & State	3	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has	paid the current year Intangible
4	25 9. Name and Address of Curr	29 rent Registered Agent	[30]	Personal Property Tax due Jur 10. Name and Address of New F	
CO	HEN, ALAN		81 Name		
404	1 COLLINS AVENUE,		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
MIA	MI BEACH FL 33139		83		
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•••••					
	o the provisions of Sections 607.0 galatered agent, or both, in the Sta	502 and 607.1508, Florida Sta ate of Florida, Such change w	<b>64</b> City	rporation submits this statement for the	FL 85 Zip Code
11. Pursuant ( office or ri agent. I a SIGNATURE	Signature, typed or printed name of registered	egret end title d'applicable (	B4 City atules, the above-named con as authorized by the corpora Florida Statutes.		PL, purpose of changing its registered ept the appointment as registered
11. Pursuant I office or ri agent: I at SIGNATURE	Signature, typed or printed name of registered OFFICERS 7		<b>B4</b> City atules, the above-named con as authorized by the corport Florida Statutes.		PL, purpose of changing its registered ept the appointment as registered
11. Pursuant I office or ri agent. I a SIGNATURE 12.	Signature, typed or printed name of registered	egret end title if applicable (AND DIRE CTORS	B4 City atules, the above-named con as authorized by the corport Florida Statutes.	uired when reinslating)	DATE
11. Pursuant I office or ri agent. I at SIGNATURE 12. TITLE NAME STREET ADORESS	PD COHEN, ALAN 4041 COLLINS AVE.	egret end title if applicable (AND DIRE CTORS	B4         City           alules, the above-named constant         and the corport           as authorized by the corport         Florida Statutes           NOTE: Registered Apent signature reg         13.           1.1 IITLE         1.1 IITLE	uired when reinslating)	DATE
11. Pursuant I office or ri- agent. I at SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or plented name of regrammed OFFICERS / PD COHEN, ALAN 4041 COLLINS AVE. MIAMI BEACH FL	egent unst little et applicatific (AND DITHE CTORS	B4         City           alules, the above-named constant         by the corport           Florida Statutos         13,           1.1 TITLE         12 NAME           1.3 STREET ADDRESS         14 CITY-ST-ZIP	uired when reinslating)	Purpose of changing its registere ept the appointment as registered DATE ICERS AND DIRECTORS IN 12 Change Additic
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