## 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 # 215248

(6)

WILLIAMS, HATFIELD & STONER, INC.

HARVEY, ALTON L

FT LAUDERDALE FL

Block 12 or Block 13 if changed, or on an

2101 N ANDREWS AVE, STE 300

NAME

STREET ADDRESS

FILED
May 01 1998 8:00am
Secretary of State

Principal Pla	ce of Business	Mailing Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2101 NORT	h andrews avenus	2101 NORTH ANDREWS	S AVENUE			
300		300			20.4167.012	
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33		3311		·—···	ITE IN THIS SPACE	
					3. Date Incorporated or Qualific 09/08/1958	od
· ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-0844318	Not Applicable
Suite, Ap	t.#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			C. Communic of Clares Domes	Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing	
23		28	- T		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	y		paid the current year Intangible
24	25	[29]	30		Personal Property Tax due Ju	
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New	Registered Agent
ANTHONY A. NOLAN		81	81 Name			
2101 N ANDREWS AVE		82	Street	Address (P.O. Box Number is Not Accept	otable)	
-	TE 300		_		, , , , , , , , , , , , , , , , , , ,	
F	ORT LAUDERDALE FL 33311		83	1		
ĺ			84	City	<del></del>	<b>85</b> Zip Code
			64	City		FL 85 Zip Code
l agent. L	am familiar with, and accept the obli	ligations of Section 607.0505. F	Florida Statute	y the cor is:	poration a total of directors: Thereby de	cept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	ligations of, Section 607.0505, F	Florida Statute	S.	e required when reinstaling)	DATE
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	ligations of, Section 607.0505, F agent and tilled applicable (NC NO DIRECTORS	Florida Statute  Ott: Registered Ag  13.	S.	e required when reinstaling)	DATE FICERS AND DIRECTORS IN 12
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62 NAME

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

nent with an address.

63 STREET ADDRESS