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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998			Secretary of State DIVISION OF CORPORATIONS			ONS	Secretary of State				
DOCUI 1. Corporation	MENT #	259584 R INC	(1)								
Principal Plac	e of Business		Mailing Address				I TABLIKA NIKON ATTIDA ATTIDA BITAN ATTIL ANDI DADIT DIDI	I BUBIL BABIL	OLON DION IDA	ll .	
2600 N DIXIE HIGHWAY			2600 N DIXIE HIGHWAY								
FT LAUDERDALE FL 33334			FT LAUDERDALE FL 33334								
							DO NOT WRITE IN THIS	SPACE			
							 Date Incorporated or Qualified 06/01/1962 				
2. Principal P	lace of Business		2a. Mailing Address				4, FEI Number		Applied F	0/	
21			26				59-0970901		Not Applic		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.7	5 Addition		
22			27]				5. Certificate of Status Desired	Fee	e Required		
City & State	C		City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be		
23 Zip	1 Cc	ountry	[28]	Cou	nirv		Trust Fund Contribution 8. This corporation owes or has paid the cu		led to Fees		
24	25	,	29 30					∏ Yes	∏ No	.	
 		ddress of Current F	l	1901			10. Name and Address of New Registered	Agent			
MIL	LER, RICHRD J.			,	81	Name					
	N DIXIE HWY			}	82	Street Add	iress (P.O. Box Number is Not Acceptable)				
WIL	TON MANORS F	L 33334		Į							
					83						
					84	City	FL	85 2	Zip Code		
11. Pursuant office or nagent. Late							poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap-	of changing	ig its registe Las register	ered	
40	Signature, lyped or pente:	OFFICERS AND T			Age	nt signature requ	red when reinstating) DATE	D DIDEC	TODO IN 10		
12.	1D	OLLIOTHS MAD L	DELETE	13. 1.1 Til	I F	<u>-</u> -	ADDITIONS/CHANGES TO OFFICERS AN	Chan		ddition	
NAME	MILLER, SHER	IDA R.		1.2 NA					, Land		
STREET ADDRESS	2333 NE 19 A			•		ADDRESS				l	
CITY-ST-ZIP	WILTON MAN			1.4 CI							
THLF	PD		DELETE	21 1/1				Chan	ge 🔲 Ad	Idition	
NAME	MILLER, RICH			2.2 NA	ME						
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City-St-ZiP	WILTON MAN	DRS FL		2.40		1-ZIP					
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NAME STORE LIBERGE				3.2 NA		4000 ac				(
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NAME				5.2 NA	.ME	Ì					
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CITY-ST-ZIP				5.4 CII		i-ZiP					
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NAME				6.2 NA		ļ				ļ	
STREET ADDRESS				ı		ADDRESS					
CITY-ST-ZIP				6.4 CH	17-SI	- 7IP					

14. Thereby 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 eath; 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 on an attachment with an address.

CICNIATUDE.

What mell

4/1/98

FILED

Apr 13 1998 8:00am