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 #

320365

(0)

FILED
Apr 21 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address 4100 POWERLINE ROAD SUITE X-5 POMPANO BEACH FL 33073 Mailing Address 4100 POWERLINE ROAD SUITE X-5 POMPANO BEACH FL 33073 DO NOT WRITE I	
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1 OMITATO DENOTITE GOOD	N THIS SPACE
US US 3. Date Incorporated or Qualified	THIS OF THE
08/24/1967	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 59-1170936	Not Applicable
Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired	\$8.75 Additional
22 27	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid	I
24 25 29 30 Personal Property Tax due June 3 9, Name and Address of Current Registered Agent 10, Name and Address of New Reg	
SCHWEITZER, RONALD L. 81 Name	
4000 M.F. AATIL ALFANIE	
FT. LAUDERDALE FL 33307	9)
F1. DAODERDALE FL SSSO7	
84 City	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the pu	FL O Zap code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Į
SIGNATURE Signature typed or printed name of registered agent and title diapplicable. (NOTE Registered Agent signature required when reinstating)	DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	
TITLE PD DELETE 1.1 TITLE	Change Addition
NAME SCHWEITZER, RONALD L. 1.2 NAME	
STREET ADDRESS 4220 N.E. 20TH AVE. 1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 14 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAME	
STREET ADDRESS 23 STREET ADDRESS	
CITY-ST-ZIP 2 4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CHY-SI-ZIP 3.4. CHY-SI-ZIP	
TITLE LATTITLE 4.1 TITLE	☐ Change ☐ Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE DELETE 5.1 TITLE	Change Addition
<u></u> -	☐ Change ☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP	☐ Change ☐ Addition
NAME 62 NAME	C overige C Managem
STREET ADDRESS	
CHY-SI-ZIP 6.4 CHY-SI-ZIP	
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 furnished on this applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I furnished on this applied proof or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I furnished on this applied with this filing does not qualify for the exemption stated in Section 119.07(3)(i).	urther certify that the information

In Fereby certify that the information supplied with this filling 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 suppliemental 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 roceiver 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 changing, open an attachment with an address.

SIGNATURE

Ronald L. Schweitzer 4

954/977-0018