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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

332117 ADMIN CORP.

FILED

Feb 16 1998 8:00am

Secretary of State

Principal Plac	e of Business	N	Mailing Address							
415 S. FEDERAL HWY. P O BOX 247 DANIA FL 33004		415 S. FEDERAL HWY. P O BOX 247 Dania Fl 33004					DO NOT WRITE IN THIS SPACE			
						}	 Date Incorporated or Qualified 07/08/1968 			
2. Principal Place of Business			2a. Mailing Address				4, FEI Number	Applied For		
ā]							59-1234554	Not Applicable		
Suite, Apt. #, etc.			Suito, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 4	Country 25	29	Zip Country				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	g, Name and Address of Curr	ent Regi	stered Agent		10. Name and Address of New Registered Agent					
GOODMAN, M.M. 413 S. FEDERAL HWY. DANIA FL 33004					_ـــــــــــــــــــــــــــــــــــــ					
					83					
				Ì	84 (City	FL 85	Zip Code		
office or r	o the provisions of Sections 607.0 agistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Flori	da. Such change was	authorized	by th	named corpor ne corporation	ation submits this statement for the purpose of chain's board of directors. I hereby accept the appointment	nging its registered nent as registered		
SIGNATURE	.			:			when reinstating) DATE			
Signature hyped or product name of registered agent and life if applicable (NOTE Registered 12. OFFICERS AND DIRECTORS 13.					Agent 6	signatura fequired	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12		
TITLE	\$D		DELETE	1.1 10	LE			Change Addition		
NAME	CHAMPAGNE, NICOLE			1.2 NA			-			
5.55 5.51 5.57 5.57 5.57 5.57 5.57 5.57				 Reet ad	108FSS					

agent I am farmhar with, and accept the obligations of Section 607,0505, Florida Statutes.												
SIGNATURE Signature bytest or product name of registered egent and late if applicable (NOTE Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	GES TO OFFICERS AND DIRECTORS IN 12							
TITLE	SD	DELETE	1.1 TITLE		☐ Change	Addition						
NAME	CHAMPAGNE, NICOLE		1.2 NAME			!						
STREET ADDRESS	3251 SW 65TH AVE		1.3 STREET ADORESS			ì						
CITY-ST-ZIP	MIRAMAR, FL 00000		1.4 CITY-ST-ZIP									
TITLE	PD	DELETE	21 TITLE		Change	Addition						
NAME	GOODMAN, M M		2.2 NAME			ŀ						
STREET ADDRESS	413 S FEDERAL HWY		2.3 STREET ADDRESS			l						
CITY-ST-ZIP	DANIA, FL 00000		2.4 CITY-ST-ZIP									
TITLE	D	DELETE	3.1 TITLE	VD	☐ Change	Addition						
NAME	VINCZE, JERRY		3.2 NAME	Vincze, Jerry								
STREET ADDRESS	7311 N.W. 37TH ST		3.3 STREET ADDRESS	7311 N.W. 37th St		ì						
CITY-ST-ZIP	HOLLYWOOD FL		34, CITY-ST-ZIP	Hollywood,FL								
THTLE		DELFTE	4.1 TITLE		☐ Change	☐ Addition						
NAME			4. 2 NAME			1						
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY-ST-ZIP									
THILE		DELETE	5.1 TITLE		Change	Addition						
NAME			5.2 NAME			ì						
STREET ADDRESS			5.3 STREET ADDRESS									
CITY-ST-ZIP			54 City-St-ZIP									
TITLE		☐ DELETE	6.1 TITLE		Change	Addition						
NAME			6.2 NAME			ļ						
STREET ADDRESS			6 3 STREFT ADORESS									

14. Thereby cortify 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 frue 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 Block 12 or Block 13 if changed, or on an attachment with an address