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 #

394533

(4)

	O O Business				
Principal Place of Business Mailing Address					
550 ANSIN BLVD. 550 ANSIN BLVD. HALLANDALE FL 33009 HALLANDALE FL 33009					
HALLANDALI	: FL 33009	HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				01/20/1972	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1375052	Not Applicable
Suite, Apt.	#. otc.	Suite, Apt. #, etc.		38-13/3032	00.75
22	.,	27		6. Certificate of Status Desired	Fee Required
City & Stat	6)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Z ₁ p	Country	8. This corporation owes or has pa	
24	25		30	Personal Property Tax due June	
	9. Name and Address of Curre		30]	10. Name and Address of New Re	
М	OFFMAN, ROBERT		B1 Name		
	30 N. 29 AVE.				
HOLLYWOOD FL 33020			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
, no	JLL14100D FL 33020		83		
			["]		
			84 City		FI 85 Zip Code
dd Owenes	to the are idea and Coulons 607 or	00 and 007 4000 Florida Statuto	- 11	to the state of th	
office or r agent. I a SIGNATURE	egistored agent, or both, in the Stat in familiar with, and accept the obtained accept the obtained agents of agents and accept the state of a st		uthorized by the corporation Statutes. Registered Agent signature requirements	rporation submits this statement for the pation's board of directors. I hereby acceptions the properties of the patient when registration	ot the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE	1,5011101101011111111111111111111111111	Change Addition
NAME	HOFFMAN, ROBERT		1.2 NAME		
	550 ANSIN BLVD.				
STREET ADDRESS	HALLANDALE FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLANDALE FL	DELETE	1.4 CiTY-ST-ZIP	<u> </u>	Donner of Ladding
TITLE	V	DELETE	2.1 TITLE	V1CE_PRESIDENT	Change 🗶 Addition
NAME	DEVORE, WILLIAM		2.2 NAME	LOW, TERRY	
STREET ADDRESS	550 ANSIN BLVD.		23 STREET ADDRESS	550 ANSIN BLVD.	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	HALLANDALE, FL	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	HOFFMAN, STEWART		3.2 NAME		
STREET ADDRESS	550 Ansin Blvd.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY-ST-ZIP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	HARPENAU, ROBERT	<u></u>	4. 2 NAME		
STREET ADDRESS	550 ANSIN BLVD.		4.3 STREET ADDRESS		
F	HALLANDALE FL				
CITY-ST-ZIP	I MILLANDALE FL	DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE		ווינונונ	5.1 TITLE		C CHANGE C AGORDON
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

SIGNATURE:

14. Thereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if change.

ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an rustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Mar 02 1998 8:00am

Secretary of State