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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 12 1998 8:00am Secretary of State

	1998	1.10	ST TAKE	DIVISION OF	CORPORA	ATIC	DNS .		500	Cit	пус)1 <u>)</u>	iaic
DOCUI 1. Corporation INTERIO		# 4432 SHOP OF FLA		(3)									
Principal Place	e of Business		Maili	ng Address					100m 100m 10m 10m		iğil bibli bişli		
3425 N.W. 71				3425 N.W. 718T ST.				- }					
MIAMI FL 331	147		MIA	MIAMI FL 33147					DO NOT WRITE IN THIS SPACE				
								į.	3. Date Incorporated or 01/02/1974				
2. Principal P	lace of Busine	oss		2a. Mailing Address				7	NOT APPLICA	DI E			oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.									ot Applicable Additional
22				27				1	5. Certificate of Status D	esired	E.		equired
City & Stati	e		⊢ ,	ity & State				1	6. Election Campaign Fi	_			May Be
Zip		Country	28	ıp	Cour	ntru		-	Trust Fund Contribution		<u>L.</u>		to Fees
24	<u> </u>	25	29	ι,	30	u y			This corporation owes Personal Property Tax	,	_	_	angible DNo
-71		and Address of Cu		red Agent	100			11	0. Name and Address				
GR	AFTON, STI	EVE				81	Name		\				
510 NIG HTINGALE AVE					<u> </u>	B2	Street Add	dress	(P.O. Box Number is No	Accept	able)		
MV	ami spring	S FL 33166			- }	83	-						
						03							
						84	City				FL	85 Zip	Code
11. Pursuant	to the provision	ons of Sections 607.	0502 and 607	1508, Florida Statu	les, the ab	OVE	e-named co	prporat	ion submits this stateme board of directors. I he	nt for the		changing i	ts registered
office or r agent. I a	r egiste red age ım fa miliar wit	ent, or both, in the S h, and accept the o	tate of Florida bligations of, S	. Such change was Section 607.0505, F	authorizec Iorida Stati	i by utes	the corpora 3.	ration's	board of directors, I he	reby acc	ept the app	ointment as	registered
SIGNATURE													
12,	Signature, typicd o	r printed name of registere	AND DIRECT		11. Rogistered	Age	nt signature req	hoired wh	en reinstating) ADDITIONS/CHANGES	TO OFF	DATE	DIRECTO	RS IN 12
TITLE	7	OT ICEAS	AUD DIR OT	DELETE	1,1 10	LE			ADDITIONAL OF TAXABLE	011	TOLING MITE	Change	Addition
NAME	GRAFTO	N, STEVE, JR.			1.2 NA	ME							
STREET ADDRESS	,	HTINGALE AVE			1.3 \$1	REET	ADDRESS						
CITY-ST-ZIP		PRINGS FL		· · · · · · · · · · · · · · · · · · ·	1.4 CIT	Y - S	1-ZIP						
TITLE	SD	N FOLIFAY		DELETE	2111	LE						Change	☐ Addition
NAME	15105 N	N, ERNEST			22 NA				·				
STREET ADDRESS	MIAMI FI						ADDRESS						
CITY-\$T-ZIP	MIN/ANNI F	<u> </u>		DELETE	2. 4 CI 3.1 TIT		ST-ZIP					Change	Addition
NAME	,				3.2 NA							"	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					3.4. CI	TY - S	ST - ZIP						
TITLE				☐ DELETE	4.1 TIT	LE						Change	Addition
NAME					4. 2 NA								
STREET ADDRESS	}						ADDRESS						
CITY-ST-ZIP TITLE				DELETE	4.4 CIT 5.1 TIT		1-214					Change	Addition
NAME					5.2 NA								
STREET ADDRESS	}						ADDRESS						
CITY-ST-ZIP					5.4 C(1		{						
TITLE				DELETE	6.1 TIT	_						Change	Addition
NAME					6.2 NA	Mŧ							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP	Í				6.4 CIT	Y- S	T-ZIP						

14. I hereby 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 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 Block 12 or Block 13 if changed, or on an attachment with an address.