	PROFIT PORATION AL REPORT		FLORIDA DEPARTMENT OF STATE Sendre B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 19 1998 8:00am Secretary of State		
	MENT # 4436 PMENT ADVISORY CC of Business	(3)				
00 LESUE DR	R	400 LESLIE DR					
#215 HALLANDALE FL 33009		#215 HALLANDALE F	L 33009		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified		
Principal Pla	ace of Business	2a, Mailing Addr	ess	<u> </u>	02/19/1974 4. FEI Number		oplied For
L		26			59-1497510	N	ot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Fee Re	Additional souired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Zip	Country	Zip		Country	8. This corporation owes or has pai		tangible No
	25 9. Name and Address of Cu	29 urrent Registered Agent	30	l	Personal Property Tax due June 10. Name and Address of New Reg		
KEN	INETH WOLOFSKY			81 Name			
	LESUE DR 215			82 Street Add	ress (P.O. Box Number is Not Acceptabl	le)	
MAU	LANDALE FL 33009			83	·······		
				84 City	·····	85 Zip	Code
				1		FL FL	
Durcuant to	the provisions of Sections 607	7 0502 and 607 1508 Flori	do Statutos	the above-named cor	poration submits this statement for the n	urpose of changing li	te rogistered
	o the provisions of Soctions 607 gistered agent, or both, in the s n familiar with, and accept the c	2.0502 and 607.1508, Flori State of Florida Such char obligations of, Section 607.	da Statutes, ige was auth 0505, Florid	the above-named cor orized by the corpora a Statutes.	poration submits this statement for the pi tion's board of directors. I hereby accep	urpose of changing li t the appointment as	ts registered registered
	Signature, typed or printed name of register	ed agent and title if applicable		gistered Agent signature requ	red when reinstating)	DATE	
IGNATURE	Signature, typed or printed name of register OFFICE RS		(NOTE: Re			DATE	
GNATURE 5	Protection by the original manual of the protection of the protect	ed agent and fills if applicable S AND DIRECTORS	(NOTE: Re	gistered Agent signature requ 13.	red when reinstating)	DATE ERS AND DIRECTOF	RS IN 12
GNATURE ME REET ADDRESS	Protector by the or printed memory of register OFFICERS PSD WOLOFSKY, KENNETH 400 LESLIE DR	ed agent and fills if applicable S AND DIRECTORS	(NOTE: Re	gistered Agent Lignature requ 13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADORESS	red when reinstating)	DATE ERS AND DIRECTOF	RS IN 12
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