## 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 #

445769

(3)

441 ENTERPRISES, INC.

## FILED Apr 22 1998 8:00am Secretary of State



Principal Plac	Mailing Address	ess				L DIDIR DIDIR				
2500 €. HALI	LANDALE BEACH BLVD	2500 E HALLANDALE B	EACH BLV	D.						
A		A			DO ALOT MIDITE IN THE ODILOT					
HALLANDALE FL 33009 US		HALLANDALE FL 33009 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				_	
Q0		00				03/26/1974				-
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	····	1 1	Applied For	$\dashv$
21		26				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Not Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				•	F"3		Additional	7
22		27				5. Certificate of Status Desired			Required	
City & State	9	City & State				Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid				7
24	[25]	29	[30]			Personal Property Tax due June 30.  Yes  No				
	9. Name and Address of Current	Registered Agent	-	<b>81</b> N	Vame	10. Name and Address of New Reg	istered A	gent	· · · · · · · · · · · · · · · · · · ·	
	LPERN, BARRY			ויס	vame					
	00 E. HALLANDALE BEACH BLVI	SUITE A		<b>82</b> S	Street Addr	ess (P.O. Box Number is Not Acceptabl	e)			7
HA	ILLANDALE FL 33009			83				-		-
				00						1
				<b>B4</b> (	City		FL	85 Zip	Code	7
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statu	tes the al	nove-n	amed corn	oration submits this statement for the pu		hanging	ite registered	4
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was	authorized	d by th	e corporati	ion's board of directors. I hereby accept	the appo	intment a	s registered	1
SIGNATURE	,	•								
12.	Signature, typed or printed name of registered agen OFFICERS AND			d Agent s	gnature requin	ed when reinstalling)	DATE	DIDECTO	DO 141 40	[
TITLE	PD	DELETE	<b>13.</b>	ti F		ADDITIONS/CHANGES TO OFFICE		Change		╗
NAME	HALPERN, BARRY		1.2 NA						Land Flooring	3
STREET ADDRESS	1201 SOUTH OCEAN DRIVE,	APT 1811		HEET ADD	DRESS					18
CITY-ST-ZIP	HOLLYWOOD FL			1Y-S1-20		•				١Ľ
TITLE	VD	DELE <b>te</b>	2.1 717			, _ ,		Change	Addition	ᆟ
NAME	HALPERN, CAROL		2.2 NA	AME						
STREET ADDRESS	1201 SOUTH OCEAN DRIVE		2.3 \$1	REET ADD	DRESS					
CITY-ST-ZIP	HOLLYWOOD FL		2.40	ITY-ST-Z	ZIP					
TITLE		☐ DELETE	3.1 111	TLE .			ī	Change	☐ Addition	╗
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET ADO	DRESS					
CITY-ST-ZIP			3.4. CI	ITY-\$1-Z	?IP					
TITLE		☐ DELETE	4.1 717	TLE			7	Change	Addition	ı
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 ST	REET ADD	DRESS					
CITY-ST-ZIP				TY-\$1-ZI	IP .		·····	<b>-</b>	F-3	_
TITLE		☐ DELETE	5.1 717				ί	Change	Addition	1
NAME			5.2 NA							
STREET ADDRESS				rfet add						
CITY-ST-ZIP		T or re-		1Y-ST-ZI	IP			7 0		4
TITLE		∐ DEL€T <b>E</b>	6.1 TIT				L	Change	☐ Addition	'
NAME			62 NA							
STREET ADDRESS				REET ADD		•				
CITY-ST-ZIP			6.4 CI	IY-ST-ZI	iP					1

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 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.