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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 457989

(2)

FILED
Jan 23 1998 8:00am
Secretary of State

Principal Plac		ASSOCIATES, P./		g Address							
100 NW 170TH ST. 100 NW 170TH ST. SUITE 401 SUITE 401								DO HOTHE	ite ili ti ilo d	20105	
N MIAMI BEA	ACH FL 33169		N MIAMI BEACH FL 33169				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
03			US					09/19/1974	u		
2. Principal P	lace of Busin	ness	2a. Ma	ailina Address				4. FEI Number		T TA	polied For
21	ICOC OF DODA	1000	26	aning Address				59-1555309		<u> </u>	ot Applicable
Suite, Apt.	#, etc.	· <del></del>		ite, Apt. #, etc.							Additional
22			27					5. Certificate of Status Desired		• •	equired
City & Stat	le			y & State	··			6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country	Zıp	)	Co	untry		8. This corporation owes or has	paid the cur	rent year In	tangible
24		25	29		30			Personal Property Tax due Ju		_ ′ _	J No_
	9. Name	and Address of Curre	nt Registere	d Agent				10. Name and Address of New	Registered A	Agent	
GL	Lasser, Ge	NE K., ESQ.				81	Name				
	21 TYLER					82	Street Add	ress (P.O. Box Number is Not Accep	lable)		
HC	DLLYWOOD	FL 33022									
						83			·		
						84	City			ar Zin	Code
						64	City		FL	<b>85</b> Zip	C006
11. Pursuant office or r agent. I a	to the provisi registered ag am familiar wi	ons <b>of S</b> ections 607.056 ent, <b>or b</b> oth, in the State th, <b>and a</b> ccept the oblig	02 and 607.1 e of Florida. S gations of, Se	508, Florida Sta Such change wa ection 607.0505,	itutes, the a as authorize Florida Sta	bove od by	named corpora	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of cept the app	changing i ointment as	ts registered registered
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SIGNATURE					1101100 010	iluies.					
SIGNATURE	Signature, typed	or printed name of registered ag	ont and title if app					red when reinstaling)	DATE.		
SIGNATURE		or printed name of registered ag OFFICERS AN		Plicable (I		ed Ageni			DATE	DIRECTOR	RS IN 12
	PD	OFFICERS AN		plicable (f	NOTE: Registere	ed Ageni		red when reinstaling)	DATE		
12,	PD WOODA	OFFICERS AN		Plicable (I	NOTE: Registere 13.	ed Ageni		red when reinstaling)	DATE	DIRECTOR	RS IN 12
12. TITLE	PD WOODA 100 NW	OFFICERS AN ARD, CRAIG 170 ST		Plicable (I	NOTE: Registere 13. 1.1 T	ed Ageni ITLE IAME		red when reinstaling)	DATE	DIRECTOR	RS IN 12
12. TITLE NAME	PD WOODA 100 NW N MIAM	OFFICERS AN		plicable (I RS DELETE	NOTE: Registers  13.  1.1 T  1.2 N  1.3 S	ed Ageni ITLE IAME	al signature requi	red when reinstaling)	DATE	DIRECTOR	RS IN 12
12. Title Name Street address	PD WOODA 100 NW N MIAM S	OFFICERS AN ARD, CRAIG 170 ST II BEACH FL		Plicable (I	NOTE: Registers  13.  1.1 T  1.2 N  1.3 S	ITLE IAME STREET A	al signature requi	red when reinstaling)	DATE	DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODA 100 NW N MIAM S RYAN, I	OFFICERS AN ARD, CRAIG 170 ST II BEACH FL BARBARA		plicable (I RS DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 I	ITLE IAME STREET A	al signature requi	red when reinstaling)	DATE	DIRECTOR  Change	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD WOODA 100 NW N MIAM S RYAN, I	OFFICERS AN ARD, CRAIG 170 ST II BEACH FL		plicable (I RS DELETE	13. 113. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M	ITLE HAME STREET A STY-ST- ITLE	al signature requi	red when reinstaling)	DATE	DIRECTOR  Change	AS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD WOODA 100 NW N MIAM S RYAN, I 100 NW N MIAM	OFFICERS AN ARD, CRAIG 170 ST II BEACH FL BARBARA		plicable (I RS DELETE	NOTE: Registers  13. 1.17 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S	ITLE HAME STREET A STY-ST- ITLE	ADDRESS	red when reinstaling)	DATE	DIRECTOR  Change	AS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP DITLE NAME STREET ADDRESS	PD WOODA 100 NW N MIAM S RYAN, I 100 NW N MIAM DVT	OFFICERS AN ARD, CRAIG 1 170 ST II BEACH FL BARBARA 1 170 ST II BEACH FL		plicable (I RS DELETE	NOTE: Registers  13. 1.17 1.2 h 1.3 S 1.4 C 2.1 T 2.2 h 2.3 S	ed Ageni TILE NAME STREET A STY-ST- TILE NAME STREET A CATY-ST	ADDRESS	red when reinstaling)	DATE	DIRECTOR  Change	AS IN 12
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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 eport 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.

**SIGNATURE:** 

rang D

1/1/18

305-653-0550