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 # 465349

(9)

J. B. SIDMAN & ASSOCIATES, INC.

FILED May 05 1998 8:00am Secretary of State

0,0,0	MEMINIA & ACCOUNTED, IN	.			
Principal Plac	ce of Business	Mailing Address			FOR THE PROPERTY OF THE PROPER
4431 SW 64		4431 SW 64 AVE.			
113A DAVIE FL 33314		113A DAVIE FL 33314		DO NOT WRITE IN T	HIS SPACE
US		US		3. Date Incorporated or Qualified	
				11/22/1974	
 	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 252 Suite, Apt.	SW 12th Avenue	26 p.O. Box 9 Suite, Apt. #, etc.	70453	59-1676268	Not Applicable
22	·	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Deer	field Beach, FL	28 Coconut Cr	eek, FL.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24 3344	9. Name and Address of Curren	29 33097 3	¹⁰ USA	Personal Property Tax due June 30.	Yes No
		it Registered Agent	64 1	10. Name and Address of New Registe	red Agent
	DMAN, JOSEPH B		81 Name		
4431 SW 64 AVE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
STE. 113A			252	SW 12th Avenue	
DA	ME FL 33314		83		
			64 City		85 Zip Code
			Deer	field Beach	FL 33442
Office or r	registered agent, or both, in the State im familiar with, and accept the obligi	∘ol Florida. Such change was au	thorized by the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
	Signature, typed or printed name of registered age		Angistered Agent signature requ		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P NOTE OF THE	☐ DELETE	1.1 TITLE		Change Addition
NAME	SIDMAN, JOSEPH B		1.2 NAME		
STREET ADDRESS	22633 CARAVELLE CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY - ST - ZIP		
TITLE	ST	DELETE	2.1 TITLE		Change Addition
NAME	SIDMAN, EVELYN		2.2 NAME		
STREET ADDRESS	22633 CARAVELLE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
CTOCCY ANDDOCCC			CARTOCET ADDOCAG		

14. I hereby 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 suppliemental 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 trustoe 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.

6.2 NAME 6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

triple B Sidered

DELETE

4/2 =/92

954-421-0605

R2E034 (10/97)

Addition