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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

FILED									
Jan 30	1998	8:00am							
Secre	etary o	of State							

i '	MENT ON CAHI		172214 P.A.	1	(6)								
Principal Plac	ce of Busines	<u></u>		Mailin	a Address					-		PH BUBUL BUBUL B	
					o .								
SUITE 350	1150 N 35 AVENUE 1150 N 35 AVENUE SUITE 350 SUITE 350												
	OD FL 33021				LYWOOD FL 3302	1				DO NOT WRITE IN THIS SPACE			
U\$				U\$						3. Date Incorporated or Qualifie	d		
				T-2						03/20/1975			
2. Principal F	Place of Busin	ness			iling Address					4. FEI Number			plied For
Suite Ant	<u> </u>			te, Apt. #, etc.	# etc				59-1585410		\$8.75	ot Applicable	
			27	-				5. Certificate of Status Desired			Additional equired		
City & Stat	te	······································			y & State					6. Election Campaign Financing			May Be
23				28	•					Trust Fund Contribution			to Fees
Zip		Countr	у	Zip	· · · · · · · · · · · · · · · · · · ·	Coun	try			8. This corporation owes or has	paid the cur		
24		25		29		30				Personal Property Tax due Ju			No
	9. Name	and Addre	ss of Current	Registere	d Agent					10. Name and Address of New	Registered	Agent	
C	CAHN, BUR	TON, M.D.				1	31	Name					
			ale beach b	LVD.		la la	32	Street A	Addres	ss (P.O. Box Number is Not Accep	able)		
F	HALLANDAL	E FL 3300	9			L			Tradition (T. Dan Training In Processing April 1997)				
						1	33						
						la la	34	City				85 Zip (Code
		····					⅃	,			FL	. '	- 1
11. Pursuant office or i agent. I a	to the provis regi s tered ag am fam iliar wi	ions of Sec jent, or both ith, and acc	tions 607.0502 i i, in the State of ept the obligati	and 607.1: Florida S ons of, Se	508, Florida S tatu Such change was ction 607. 050 5, Fl	les, the abr authorized orida Statu	by tes	e-named in the corp is,	corpor oratio	ration submits this statement for thin's board of directors. I hereby acc	ept the app	changing it ointment as	s registered registered
SIGNATURE													
12.	Signature, typod		of registered agent			E Registered a	Age	nt signature i	required	t when reinstating)	DATE	DIDECTOR	10 11 10
TITLE	PD		T CICENS AND	Jintoror	DELETE	1.1 TOL				ADDITIONS/CHANGES TO OF	TOERS AINL	Change	Addition
NAME		BURTON				1.2 NAN						Onlings	L Addition
STREET ADDRESS			DALE BCH BI					ADORESS					
CITY-ST-ZIP		NDALE FI				1.4 C(T)							
TITLE	D				DELETE	2.1 7(TL					• • • • • • • • • • • • • • • • • • • •	Change	Addition
NAME	CAHN.	BURTON				2.2 NAM		-					
STREET ADDRESS			DALE BCH BL			2.3 STR	EET.	ADDRESS					
CITY-ST-ZIP		NDALE FL				2. 4 CIT	y - S	T-ZIP					
TITLE					DELETE	3.1 TITU						Change	☐ Addition
NAME						3.2 NAM	IE						
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CITY+ST-ZIP						3 4. CI11	<u> </u>	1 - Z(P					
TITLE					DELETE	4.1 TITL	E					Change	☐ Addition
NAME						4. 2 NAM	ΛE						
STREET ADDRESS						4.3 STR	ET.	ADDRESS					
CITY-ST-ZIP						4.4 C(1)	- SI	- 7IP					
TITLE					☐ DELETE	5.1 TATU	ŧ					☐ Change	Addition
NAME						5.2 NAM	E						
STREET ADDRESS						5.3 STRE	ETA	ADDRESS					1
CITY-ST-ZIP						5.4 CITY	- S 1	- 21P					
THTLE					☐ DELETE	6.1 TITLE	=					Change	Addition
NAME						6.2 NAM	F	ļ					
STREET ADDRESS						63 STRE	E1 /	ADDRESS					
CITY-ST-ZIP						6.4 CITY							
14. I hereby o	certify that the	e informatio	n supplied with	this filing	does not qualify for	or the exem	npti	ion stated	d in Se	ection 119.07(3)(i), Florida Statutes	I further ce	rtify that the	information

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.

SIGNATURE:

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