## 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

Apr 17 1998 8:00a	am
Secretary of Stat	e

**FILED** 

DOCUI 1. Corporation PETER	MENT Name R KENT,		165	(4)					
Principal Place	e of Busines	s	Mailing	Address			—}	i Brail Stail Biggs Bi	IEII ALBII IABI
560 NW 271	TH STREET		560 N	W 27TH STREET	ī				
MIAMI FL 3				I FL 33127-4128			DO NOT WRITE IN TH	IC CDACE	
							3. Date Incorporated or Qualified	IS SPACE	<del></del> 1
							06/18/1975		
2. Principal Pl	lace of Busi	ness	2a. Maili	ing Address			4. FEI Number	I IAr	oplied For
21			26	<b>3</b>			59-1607122	<b>├</b>	ot Applicable
			e, Apt. #, etc.				\$8.75	Additional	
22			27	•			5. Certificate of Status Desired	Fee Re	aquired
City & State			City	City & State			6. Election Campaign Financing	\$5.00	
23			28				Trust Fund Contribution		to Fees
Zip		Country	Zip		Country	•	8. This corporation owes or has paid the		tangible
24	o Name	25 and Address of Cu	29	Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Registers		7 140
		FRANKLIN D, ES			81	Name	10.		
31	MEDIZEM,	CTOCET	ur.			0 11			
3041 NW 7 STREET MIAMI FL			82	Street Addr	ess (P.O. Box Number is Not Acceptable)				
***	W WITH I G				83	· · · · · · · · · · · · · · · · · · ·			
						- Au			
					84	City	F	<b>L 85</b> Zip (	Code
11. Pursuant to office or reagent. La	to the provis egistered ag m familiar w	ions of Sections 607 jent, or both, in the S ith, and accept the c	.0502 and 607.15 State of Florida. Subbligations of, Sec	08, Florida Statu uch change was tion 607.0505, F	ites, the above authorized by lorida Statute	e-named corp y the corporat s.	oration submits this statement for the purposion's board of directors. I hereby accept the a	of changing it appointment as	is registered registered
SIGNATURE					75 B		ed when re-nstating) DAT		
12.	зіцечние, турис	or printed name of registers OFFICERS	AND DIRECTOR		13,	on signature requir	ADDITIONS/CHANGES TO OFFICERS A		3S IN 12
TITLE	P			DELETE	1.1 TOTLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	KLING	er, mark			1.2 NAME	\			Ì
STREET ADDRESS 560 NW 27 STREET			1.3 STREET	ADDRESS			1		
CiTY-S1-ZIP	MAMI	FL			1.4 CITY-S	17 - ZIP			i
TITLE				DELETE	2 1 TITLE			☐ Change	Addition
NAME					22 NAME				
STHEET ADDRESS					2 3 STREET	ADDRESS			
CITY-ST-ZIP					2.4 CITY-	ST-ZIP			
TITLE				☐ DELETE	317111.6			Change	Addition
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET				]
CITY-SI-ZIP TITLE				DELETE	3.4. CITY - 5 4.1 TITLE	ST-ZIP		Change	Addition
				C Driver	4. 2 NAME	1		[] Critisings	
NAME STREET ADDRESS					4. 2 NAME 4.3 STREET	Annocce			1
CITY - ST - ZIP					4.4 CiTY - S				ľ
TITLE				DELETE	5.1 TITLE	11-211		☐ Change	Addition
NAME					5.2 NAME			•	
STREET ADDRESS					5.3 STREET	ADDRESS			1
CITY-ST-ZIP					5.4 CITY - S				)
TITLE		<del></del>		DÉLETE	6.1 TITLE			☐ Change	Addition
NAME					6.2 NAME				[
STREE1 ADDRESS					6.3 STREET	ADORESS			İ
CITY - ST - ZIP					64 CITY - S			***	
14. I hereby o	ertify that th	e information supplied	ed with this filing o	does not qualify	for the exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the	information

4. I hereby certify that the information supplied with this filling 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 supplience and in 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 region of the corporation of the corpo

SIGNATURE:

72E034 (10/97