## 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 # 479990

(4)

GREAT FAMILY CORP.

## **FILED** May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i samisi mimii innim falin falin shill mhit	Asam ninn dinn ninn dit	(f <b>4</b> 084) ( <b>44</b> )
14005 W DIXIE		14005 W DIXIE HWY					
NO MIAMI FL 33161		NO MIAMI FL 33161		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified	IN THIS OF AGE	7
					07/02/1975		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number Applied For		
21		26			59-1641746	<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
22	· · · · · · · · · · · · · · · · · · ·	27			5. Certificate of Statos Desiled	Fee R	equired
City & State	8	City & State			6. Election Campaign Financing		May Be
Zip	- Country	28			Trust Fund Contribution		to Fees
<del></del>	Country	Zιρ	Country		8. This corporation owes or has paid the current year Intangible		
24	25 25 Name and Address of Currer	29  nt Registered Agent	30		Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent		
CD1				1 Name	10. Name and Addison of from 1109	istorou Agent	
CHAW, KUI 1371 N.E. 155TH ST.							
	MIAMI BEACH FL		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)		
14. 1	-		ε	3		W	
	•						
			E	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abo	ove-named cor	poration submits this statement for the pu		ts registered
office or re agent. I ar	e <b>gister</b> ed agent, or both, in the State m <b>fam</b> iliar with, and accept the oblig	eof Florida. Such change was ations of, Section 607.0505. F	authorized Iorida Statu	by the corpora les.	poration submits this statement for the putition's board of directors. I hereby accept	the appointment as	registered
SIGNATURE		,					
	Signature typed or printed nation of registered agr		11 Registered A	lgent signature requ	ired when reinstating)	DATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE			1.1 TITL			Change	Addition
NAME	CHAW, KUI		1.2 NAV				
STREET ADDRESS	- 10111 - 10111			ET ADDRESS			
CITY-ST-ZIP TITLE	N MIAMI BEACH, FL 00000 DS	DELETE		- \$T-ZIP		Change	f hadisa
NAME	MIAW MAN III MA CILLAN		2.1 7171			L_1 Change	Addition
STREET ADDRESS				22 NAME 23 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH, FL 00000			(-ST-ZIP			
TITLE	**************************************	DELETE	3 1 TITLI			Change	Addition
NAME		<u> </u>	3 2 NAM	1		E Ontingt	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		DELETE	4.1 TiTLE			Change	Addition
NAME			4. 2 NAN	1E		_	
STREET ADDRESS			4.3 S1RE	ET ADDRESS			
CITY-ST-ZIP			4.4 City	-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM	£	<b>80000252</b> 5 -05/19/9801053	40 <b>%</b> 8	
STREET ADDRESS	ADDRESS		5.3 STREET ADDRESS		-U5/13/38U1U53	3U <b>3</b> 8	ļ
CITY-ST-ZIP			5.4 CITY		***150.00		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	£			11/0
STREET ADDRESS			6.3 STRE	ET ADDRESS			1/6//

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 proof or 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 proof or 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 proof or 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 proof of 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 is true and accurate and that my signature shall have the same legal effect as if made under our proof is true and accurate and that my signature shall have the same legal effect as if made under our proof is true and accurate and that my signature shall have the same legal effect as if made under our proof is true and accurate and that my signature shall have the same legal effect as if made under our proof is true and accurate and the same legal effect as if my signature is true and accurate and the same legal effect as if my signature is true and accurate and the same legal effect as if my signature is true and accurate and the same legal effect as if my signature is true and the same legal effect as if my signature is true and the same legal effect as if my signature is true and the same legal effect as if my signature is true and the same legal effect as if my signature is true and the same legal effect as if my signature is true and the same legal effect as if my signature is true and the same legal effect as if my signature is true as the same legal effect as if m report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in