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 #

485550

(8)

JAMES V. PFEIFFER, P. A.

FILED Feb 03 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								II WIDE! IDS!
15321 SO DO	KIE HWY	15340 SW 83RD AVE	15340 SW 83RD AVE					
208		MIAMI FL 33157				DO NOT WRITE IN THIS SPACE		
Miami FL 331 US	57-1814	U\$				3. Date Incorporated or Qualified		
00						08/29/1975		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26	26			59-1616421	N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		27				o. Octanicate of Status Desired	Fee R	equired
City & State	0	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid		langible ☑ No
24	25 9. Name and Address of C	29	30	· ·		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
250		dirent neglatered Agent		81	Name	IO. Hamo and Houseon of the House		
	EIFFER, JAMES V. 340 S W 83 AVE.							
l	MI FL 33157		82 Street Ad		dress (P.O. Box Number is Not Acceptable	e)		
4AITS	Juli LE 00 (0)			83				
				04	City		et Zio	Code
				84	City		FL I '	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statut	os, the al	bove	-named co	rporation submits this statement for the pu ation's board of directors. I hereby accept	urpose of changing i	ts registered
agent. La	egistered agent, or both, in the m familiar with, and accept the	obligations of, Section 607.0505, Flo	orida Stat	utes.	the corpor	ations board or directors. Thereby accept	title appointment as	s registered
SIGNATURE								
	Signature, typed or printed name of registe		E: Registerer	d Ager	it signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DS IN 12
12. TITLE	PD			TLE		ADDITIONS/CHANGES TO CITTOE	Change	Addition
NAME	PFEIFFER, JAMES V.	C Steele	1,2 N/				2.3	
STREET ADDRESS	15340 S W 83 AVE.		1	1.3 STREET ADDRESS				
CITY-ST-ZIP		44444 (2)		1.4 CITY - S1 - ZIP				
TITLE	<u>\$T</u>			2.1 TITLE			Change	Addition
NAME	PFEIFFER, VIRGINIA		2.2 N					
STREET ADDRESS	15340 SW 83 AVE		2.3 51	2.3 STREET ADDRES				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-SI - ZIP		I - ZIP			
TITLE		DELETE	DELETE 3.1 T				☐ Change	☐ Addition
NAME			3.2 N/	3.2 NAME				
STREET ADDRESS			3.3 ST	3.3 STREET ADDRESS				
CITY-ST-ZIP				ITY - ST	T- 21P		——————————————————————————————————————	4.100
TITLE				4.1 TITLE			Change	☐ Addition
NAME		'	4. 2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DESERTE		IY-\$T	- ZIP		Change	Addition
TITLE		☐ DELETE	5 1 Tr				CT crouds	Audition
NAME		i.	5.2 N					
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP		DELETE	5.4 C(TY-S		-ZIP		Change	Addition
TITLE	☐ DELETE			61 TITLE 62 NAME			C) Outside	
NAME PROFEST LEBESCOS			1		ADDRESS			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			64C	TY-SI	- ZIP			

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 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.

1/28/98

(305) 251-4387