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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 511020

(0)

Principal Place of Business Mailing Address C/O LEON LOVE 1131 S.W. 73RD AVENUE PLANTATION FL 33317  PLANTATION FL 33317						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
							08/20/1976			
	Place of Business	<u> </u>	failing Address			4.	FEI Number		<del></del>	pplied For
Suite, Apt.	. #. etc	<b>26</b>	uite, Apt. #, etc.				59-1795917			lot Applicable Additional
2		27	•			5.	Certificate of Status Desire	ed 🗌	7	Required
City & Stat	ite		City & State			6.	Election Campaign Finance		\$5.00	) May Be
Z <sub>I</sub> p	Country	28	ip	Cour	New y		Trust Fund Contribution	L		to Fees
Zip	25	29	ut)	30	ııry	6.	This corporation owes or I Personal Property Tax du	•	_ ` .	ntangible □ No
<u> </u>	9. Name and Address of Co		red Agent	[30]	· · · · · · · · · · · · · · · · · · ·	10.	Name and Address of N			
LO	OVE, PHYLLIS				81 Name					
	31 S.W. 73RD AVE.			ŀ	82 Street A	Address (P	.O. Box Number is Not Ac	ceptable)		
PL	ANTION FL 33317			ļ						
				Ī	83					
				Ī	64 City			F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607	7 0502 and 607	1508 Florida Sta	lides the at	ove-named	corporation	n cultimits this statement for			its registered
	t to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	obligations of, S	Section 607.0505,	Florida Statu	ites.	O BROW L	odia or directors. Thereby	doopt the t	appointment as	o registered
SIGNATURE	Signature, typed or printed hame of register			_	Agent signature	required when	reinstating)	DAT		
SIGNATURE	Signature, typed or printed hame of register	ed againt and life if a S AND DIRECTI	ORS	IOTE Registered	Agent signature	required when		DAT	ND DIRECTO	
12. TITLE	Signature, typed or printed name of register OFFICERS			IOTE: Registered	Agent signature	required when	reinstating)	DAT		RS IN 12
12. TITLE NAME	Styreture, typed or printed rame of repister  OFFICERS  D  LOVE, KAREN		ORS	13. 1.1 TIT	Agent signature	required when	reinstating)	DAT	ND DIRECTO	
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