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 #

524386

(0)

FACTUAL BUSINESS INFORMATION, INC.

FILED May 19 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						t insidi Attin alasi alana bilat india Atti Atsit Atsit Atsi	is diale Blått Blått gen
8300 NW 53RD \$TREET #204 MIAMI FL 33186-1612			8300 NW 53RD STREE MIAMI FL 33166-1612	8300 NW 53RD STREET #204 MIAMI FL 33166-1612		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						01/25/1977	
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21			26			59-2230371	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			8.75 Additional	
22			27			C. Columbia di Cialdo Dodino	Fee Required
City & State			City & State	⊢ ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23	Zip Country		710	Zip Country		Trust Fund Contribution	
24	-ib	25	29	30		Personal Property Tax due June 30.	
<u> </u>	9. Nam	ne and Address of Cur		1901		10. Name and Address of New Registered Age	
BERGER, DONNA 81 Nama ERGER, ALAN							
200 SOMERSET WAY					Ctrool Adds	ress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33326						GOLF VIRY PR	
	111 (2 100-01.07.00 1 2 00-0-						
				84	City		35 Zip Code
					City WE	sToN FL!	337727)
11. Pursuant to the provisions of accumple 7,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agon; to both the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with the obligations of, Section 607,0505, Florida Statutes.							
agent. I am familiar with a comparations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature The Country Large of rejustored agent and tallout applicative (NOTF, Registered Agent signature required when reinstaling) DATE							
12.	Signature	- 20	agent and tale if applicative (NO AND DIRECTORS	DIF. Hegistered Ago	ent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	BECTORS IN 12
TITLE	I PD	4.107	DELETE	1.1 TITLE			Change
NAME		ER, ALAN	_	1.2 NAME			
1	TREET ADDRESS 8300 NW 53RD ST #204			1.3 STREET ADDRESS			
1	ITY-ST-ZIP MIAMI FL			1.4 CITY - ST - ZIP			
TITLE			DELETE				Change
NAME	BE RGI	er, donna		2.2 NAME	Ì		Ì
STREE	ET ADDRESS 8300 I	NW 53RD ST #204		2.3 STREET	ADDRESS		
CITY-	ST-ZIP MIAMI	<u>FL</u>		2. 4 CITY - 5	ST-ZIP		
TITLE			☐ DELETE	DELETE 3.1 TITLE		LJ	Change
NAME				3.2 NAME			
STREE	ET ADORESS			3.3 STREET	ADDRESS]
_	ST-ZIP		Dever	3.4. CITY- 5	ST - ZIP		Observe T Addition
TITLE	1			4.1 TITLE	1	لــا	Change
NAME				4. 2 NAME			
ı	ET ADDRESS			4.3 STREET			
CITY-	ST-ZIP			4.4 CITY - S 5.1 TITLE	1-ZIP		Change Addition
NAME	1		□ prreie	5.1 MILE 5.2 NAME			Suringo (Pri suncitor)
	ET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS		
	ST-ZIP			5.4 CITY - S			
TITLE			DELETE	6.1 TITLE	1-21		Change Addition
NAME				62 NAME			

63 STREET ADDRESS

his filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in

14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or the rectablock 12 or Block 13 if changed, or on an attention SIGNATURE.

STREET ADDRESS

CITY-ST-ZIP

308-592-7600