FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 10 1998 8:00am Secretary of State

	MENT # 53770 M. SCHWENKE, P.A.		` ,					H CALLAN
Principal Place	of Business	Mailing Add	ress			מולב להשרום וונקה הפינוס זונסטה והמקבו ההגוו מטונות השושטה ו	HI ÇIÇIR DIDIL dil	III 111 44 101)
2780 E. OAKL		P.O. BOX 2						
FT. LAUDERDALE FL 33306 US		FT. LAUDER	FT. LAUDERDALE FL 33307 US					
		US				DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualified06/22/1977		
2 Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	TTA	pplied For
Suite, Apt. #, etc. 12 City & State		├ ──	Suite. Apt. #, etc. 27 City & State			59-1743183	- 1-	lot Applicable
						5. Certificate of Status Desired Service Servi		
		27						
		City & Sta						
a]		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		Country	У	8. This corporation owes or has paid the c		
4	25 9. Name and Address of Cur-	rent Registered Age	nt .	30		Personal Property Tax due June 30. 10. Name and Address of New Registered		□ No
904		TOTAL PROGRAMMENT AND		81	Name	10. Name and Address of New Hegistere	a vaein	
SCHWENKE, H. M. 2780 E. OAKLAND PARK BLVD								
	LAUDERDALE FL 33306		82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)		
				83	1			
				84	City		85 Zip	Code
SIGNATURE				ites, the above authorized be forida Statute	re-named corpora by the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap		lts registered s registered
SIGNATURE	Signature. Typod or printed name of registered Of FICERS A	agest and title if applicable	(NO	ules, the above authorized be forida Statute	re-named corpora by the corpora es.		of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed nume of registered OF FICERS /	agest and title if applicable		utes, the above authorized by forida Statute TE Registered Ag 13. 1.1 TITLE	re-named cor y the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing opointment as	RS IN 12
SIGNATURE 12. IIIUE NAME	Signature, typed or printed numb of registered OFFICERS / PD SCHWENKE, H. M.	agest and title if applicable	(NO	utes, the above authorized before Statute TE Registered Ag 13. 1.1 TITLE 1.2 NAME	re-named cor yy the corpora es.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest and title if applicable	(NO	utes, the above authorized by lorida Statute TE Registered Ag 13, 1.1 TITLE 1.2 NAME 1.3 STREET	re-named corry the corporals.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed numb of registered OFFICERS / PD SCHWENKE, H. M.	ayed metalle if applicable AND DIRECTORS	(NO	authorized by authorized by forida Statute TE Registered Ag 13. 11 TITLE 1.2 NAME 1.3 STREET 1.4 CHY-	re-named corry the corporals.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	ayed metalle if applicable AND DIRECTORS	DELETE	utes, the above authorized by lorida Statute TE Registered Ag 13, 1.1 TITLE 1.2 NAME 1.3 STREET	re-named cor ye-named cor yen the corporal ss. If ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	ayed metalle if applicable AND DIRECTORS	DELETE	authorized by authorized by forida Statute DE: Registered Ag 13. 11 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY- 2.1 TITLE 2.2 NAME	re-named cor ye-named cor yen the corporal ss. If ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merbile if applicable AND DIRECTORS	DEFELE	authorized by authorized by forida Statute DE: Registered Ag 13. 11 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY- 2.1 TITLE 2.2 NAME	re-named corrycthe corporals. It ADDRESS T ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merbile if applicable AND DIRECTORS	DELETE	authorized by authorized by forida Statute 1E: Registered Ag 13. 11:TITLE 12:NAME 13:STREE 14:CITY- 21:TITLE 22:NAME 23:STREE	re-named corrycthe corporals. It ADDRESS T ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merbile if applicable AND DIRECTORS	DEFELE	authorized by authorized by forida Statute 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merbile if applicable AND DIRECTORS	DEFELE	authorized by authorized by forida Statute 113. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.3 STREE 3.3 STREE	T ADDRESS ST-ZIP T ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose of	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merble if applicable	DELETE DELETE	authorized by authorized by authorized by alternative and a statute and a statute are alternative and a statute are alternative and a statute are alternative	T ADDRESS ST-ZIP T ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merble if applicable	DEFELE	authorized by authorized by authorized by torida Statute 113. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merble if applicable	DELETE DELETE	authorized by authorized by forida Statute 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agest merble if applicable	DELETE DELETE	authorized by authorized by forida Statute 113. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.4 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale if any dicetable AND DIRECTORS	DELETE DELETE	authorized by authorized by forida Statute 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.5 TREE 4.4 CITY- 4.5 TREE 4.5 TREE 4.6 TREE 4.7 T	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T ADDRESS	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale if any dicetable AND DIRECTORS	DELETE DELETE	authorized by authorized by forida Statute 113. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.4 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE 4.3 STREE	T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale if any dicetable AND DIRECTORS	DELETE DELETE	authorized by authorized by authorized by lorida Statute 113. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale if any dicetable AND DIRECTORS	DELETE DELETE	authorized by authorized by authorized by authorized by alternative and authorized by a statute and a statute are alternative are alternative are alternative and a statute are alternative are alternative and a statute are alternative are alternative and a statute are alternative and a statute are alternative are alte	T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale it application	DELETE DELETE	authorized by authorized by authorized by lorida Statute 113. 11 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale it application	DELETE DELETE DELETE	authorized by authorized by authorized by authorized by alternative and authorized by a statute and a statute are also as a statute are are also as a statute are are also as a statute are also as a	T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered OFFICERS / PD SCHWENKE, H. M. 601 ROYAL PLAZA	agreet mer tale it application	DELETE DELETE DELETE	authorized by authorized by authorized by authorized by althorida Statute 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.2 NAME 6.3 NAME 6.3 NAME 6.3 NAME 6.4 NAME 6.5 NAME 6.5 NAME 6.5 NAME 6.5 NAME 6.5 NAME	T ADDRESS ST-ZIP	rporation submits this statement for the purpose ation's board of directors. I hereby accept the application of the purpose part of the purpose provided when reinstating).	of changing oppointment as ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition

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 of 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.

Harry M. Schwenke

April 6, 1998

954-563-4883