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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2500 E. HALLANDALE BCH BLVD



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2500 E. HALLANDALE BEACH BLVD. SUITE #803

DOCUMENT # 564706 (0)

Mailing Address

POLBRO INTERNATIONAL, INC.

FILED May 06 1998 8:00am Secretary of State



SUITE 803 HALLANDAKE FL 93009 US		C/O C. POLLACK HALLANDALE FL 33009-4841 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
6 Principal Di	age of Punioner	2a, Mailing Address			12/22/1977 4. FEI Number	Applied For	
	ace of Business RIFFIN RD#203	26 1815 GRIFFI	H JON	202	59-1870538	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apl. #, etc.			_	\$8.75 Additional	
DANIA FL.		27 DAMIN EL.			5. Certificate of Status Desired	Fee Required	
City & State		City & State			Election Campaign Financing	\$5.00 May Be	
	400	28 33004	,		Trust Fund Contribution	Added to Fees	
— ^{Žip}	Country	Zip Country		У	8. This corporation owes or has paid the currer		
24	[25]	29	30]		Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current I	negistered Agent	8-	Name		etir	
POLLACK, CHARLES			"				
1980 S. OCEAN DR12-Q			8:	Street	Address (P.O. Box Number is Not Acceptable)		
, HA	ILANDALE FL 33009		8:	3		1	
			84	City	FL	85 Zip Code	
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the above	/e-named		anging its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
•	The state of the s						
SIGNATURE	Signature, typed or printed hank of registered agent	and Melf applicable (NOT	I Registered A	gent signature	e required whon reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	PD	☐ DELETE	1.1 TITLE		<u> </u>	Change Addition	
NAME	POLLACK, CHARLES 2500 E. HALLANDALE BCH. 1815 GRIFFINGED 127 138		1.2 NAME				
STREET ADDRESS	-2500 E. HALLANDALE BCH. V	RIZ ON INCHINATION	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	HALLANDALE FL DAN'S	A,FL33004	1.4 CITY-	ST- <i>7</i> IP			
TITLE		DELETE	2.1 TITLE		_	Change Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY+ST-ZIP			2. 4 CITY	-ST-ZIP			
TITLE		DELETE	3.1 TITLE		<u></u>	Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		<u> </u>	_ Change Addition	
NAME			4. 2 NAM	Ē			
STREET ADDRESS			4.3 STREE	1 ADDRESS			
CITY-ST-ZIP			4.4 CHTY-	\$T- <i>2</i> IP			
TITLE		☐ DELETE	5.1 TITLE		L	Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TrTLE			Change Addition	
NAME			6.2 NAME			ļ	
STREET ADDRESS			6.3 STREE	1 ADDRESS			
I					I .	· ·	

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 report or suppliemental 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 compraint of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the shirt of an attachment with an address.