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

	1000				
	MENT # 591259 E CORPORATION OF MIAMI	\ /			TH BIĞII BIĞII HƏĞI
D:: 10:					
Principal Place of Business		Mailing Address			
1239 E NEWPORT CTR DR STE 116		1239 E NEWPORT CTR DR STE 116			
DEERFIELD BCH FL 33442-7711		DEERFIELD BCH FL 33442-7711 US		DO NOT WRITE IN THIS SPACE	
us				3. Date Incorporated or Qualified	
				10/26/1978	
	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, elc.		Suite, Apt. #, etc.		59-1856267	Not Applicable 75 Additional
22		27			ee Required
City & State	e	City & State			5.00 May Be
23		28			dded to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current ye	ar Intangible
24	26		30	Personal Property Tax due June 30.	□ No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	PLEBAUM, JACOB		oi Manie		1
1239 E NEWPORT CTR DR			82 Street Add	iress (P.O. Box Number is Not Acceptable)	
STE 116			83		
DEERFIELD BCH FL 33442					
			B4 City	FL ⁸⁵	Zip Code
11. Pursuant	to the provisions of Sections 607.0502		ging its registered		
office or r	egistered agent, or both, in the State of	of Florida, Such change was au ions of Section 607,0505. Flor	ithorized by the corpora	poration submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointment	nt as registered
SIGNATURE	mit familie with and decept the oringer		iou otatatos.		ĺ
SIGNATORE	Signature, typed or printed name of registered equiti-		Registered Agent signature requ		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
TITLE	VD	☐ DELETE	1.1 TITLE	L] Ch	ange 🔲 Addition
NAME	APPLEBAUM, JACOB	F 440	1.2 NAME		Ì
STREET ADDRESS	1239 E NEWPORT CTR DR ST DEERFIELD BCH FL	C 110	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	P DECRIPELO BOTI FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	□ Ch	ange Addition
NAME	APPLEBAUM, DOROTHY		2.2 NAME		
STREET ADDRESS	1239 E NEWPORT CTR DR ST	F 116	2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	- 110	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	□ Ch	ange 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY+S1-ZIP			. 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Ch	ange L Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Ch	ange Addition
TITLE		□ DETE (C	5.1 TITLE		aute TV00HI0U
NAME CTOCCY ADDRESS			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADORESS 5.4 City - St - Zip		
TITLE		☐ DELETE	6.1 TITLE	□ Ch	ange Addition
NAME		— *	6.2 NAME		·
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-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.

SIGNATURE

JACOB APPLEBAUM 4-6-98 (954)698-

R2E034 (10/97)

FILED

Apr 29 1998 8:00am

Secretary of State