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**

DOCUMENT # 601054

(0)

GERSON, PRESTON & COMPANY, P.A.

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						4 semist dint anim sifth dater min) gift mitte	LABE: OTHER WIN	ir mimir minni (mar
666-718T STR MIAMI BEACH		666-71ST STREET MIAMI BEACH FL 3314						
						DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 06/02/1969 		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				59-1262947		Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional se Required
City & State City & State						6. Election Campaign Financing	\$5	.00 May Be
28 28						Trust Fund Contribution	Ad	ded to Fees
Zip	Country	Zip	—¬	ıntry		8. This corporation owes or has paid the		
24	25	29	30]	,		Personal Property Tax due June 30.	☐ Yes	□ No
	g. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Register	ed Agent	
	RSON, GARY R.			"	IVALINO			
	3 71ST STREET		82 Street Ac		Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIA	MI BEACH FL			83				
				84	City		L 85	Zip Code
11. Pursuant to the provisions of Soctions 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								
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.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	•		1.1 Ti				[_] Cha	ange Addition
NAME	GERSON, GARY R.			1.2 NAME		•		Į.
STREET ADDRESS				1.3 STREET ADDRESS				Į.
CITY-ST-ZIP				1.4 CITY-ST-ZIP			☐ Cha	inge Addition
TITLE	PRESTON, RICHARD C.		- 1	2.1 TITLE 2.2 NAME				inge LI Adelitor .
NAME	666-71ST STREET		2.3 STREET ADDRESS		1000000			ľ
STREET ADDRESS	MIAMI BEACH FL							
CITY-ST-ZIP TITLE				2. 4 CITY-ST-ZIP 3.1 TITLE			Cha	inge
NAME	ROSEN, ALAN			3.2 NAME			Sec. 318	- Indiana
STREET ADDRESS	666 71ST STREET		1		ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL		3.4. C		· 1			
TITLE	THE PERSON NAMED IN CO.	DELETE	4.1 10				Cha	inge Addition
NAME			4.2 N		}			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	T-ZIP		·	
TITLE		☐ DELETE	5.1 TI			. ·	L Cha	nge Addition
NAME			52 N	AME	1			.]
STREET ADDRESS			5.3 ST	reet .	ADDRESS			
CITY-ST-ZIP				TY-ST	r-ziP			
TITLE		☐ DELETE	6.1 7(1		[☐ Cha	inge [Addition
NAME			6.2 NA		1			
STREET ADDRESS					ADDRESS			ļ
CITY+ST-ZIP			6.4 CI					A sha lasar - N
14. I hereby c	sertify that the information supplied	with this filing does not qualify	tor the exe	ampt	ion stated in t	Section 119.07(3)(i), Florida Statutes. I furthe	r certify tha	it trie 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 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 changed, or on an attachment with an address.