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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

620428

(3)

Mailing Address

DAVID A. WOLFSON, P.A.

FILED Apr 10 1998 8:00am Secretary of State



15321 S. DIXIE HIGHWAY SUITE 209 MIAMI FL 33157				P.O. BOX 165818 MIAMI FL 33116-5818 US			DO NOT WRITE IN THIS SPACE
US							3. Date incorporated or Qualified 05/02/1979
2. Principal F	Place of Busin	ness	2a.	. Mailing Address			4. FEI Number Applied For
21			26				59-1906433 Not Applicab
Suite, Apt.	#, etc.	······································	1-57	Suite, Apt #, etc.			5 Contificate of Claus Pasient
22 City & State				City & State			Fee Required
23	iC			Only & State			6. Election Campaign Financing \$5.00 May Be
Zip		Country	28	7.0	<u> </u>		Trust Fund Contribution L. Added to Fees
24		⊢ ¬ ′		Ζιρ	Countr	у	8. This corporation owes or has paid the current year Intangible
24	6 Nama	25 and Address of Curre	29		30		Personal Property Tax due June 30. Yes No
 			uir media	петец Аделі	81	Name	10. Name and Address of New Registered Agent
1	VOLFSON, 1 5321 S. DI) ALAMI FL 33	XIE HIGHWAY, #209			82 83 84	Street 3 4	DAVIO A Worfson Det Address (P.O. Box Number is Not Acceptable) 3300 N W 2 Number is Not Acceptable) 4177 45 Zip Code
i omce or r	realsterea aa	ient of both in the Stat	e of Ekind	07.1508, Florida Statute da. Such change was a f, Section 607.0505, Flo	uthorizod b	e-named	ned corporation submits this statement for the purpose of changing its registere- corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed	or printed name of registered a	gent and title	if applicable (NOTE	: Registered Ag	ent signature	ature required when reinstating) DATE
12.		OFFICERS A			13.	- c-g inito-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD			DELETE	1.1 TITLE		DCD League Addition
NAME		SON, DAVID A.			1.2 NAME		Double A Way ESOA)
STREET ADDRESS		S. DIXJE HIGHWAY	#200				DAVIO 41 WOUNDER # 1171
	MAM		#203			ADDRESS	\$ 3500 N.W. 2140, 4
CITY-ST-ZIP	MIAMI	<u>FL</u>		Documen	1.4 CITY-5	ST-ZIP	DAVID A. WOLFSON 3300 N.W. 2740, #1171 MIAMI FL 33142
TITLE				DELETE	2.1 TITLE		Change Additio
NAME					2.2 NAME		
STREET ADDRESS					2.3 STREE1	ADDRESS	3\$
CITY-ST-ZIP	_				2.4 CITY-	ST-ZIP	
TITLE				☐ DELET e	3.1 TITLE		☐ Change ☐ Additio
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STREET ADDRESS					3.3 STREET	ADDRESS	SS Control of the con
CiTY+ST-ZIP					3.4. CITY-:	S1 - 71P	
TITLE				DELETE	4 1 TOTLE		Change Additio
NAME					4. 2 NAME		
STREET ADDRESS					4.3 STREET	223900A	282
CITY-ST-ZIP							~
TITLE				☐ DELETE	4.4 City - S	51 - ZIP	Change Additio
ì				DEALER	1		Change Addition
NAME STREET APPOSES					5.2 NAME		
STREET ADDRESS					5.3 STREET	ADDRESS	\$ [
CITY-ST-ZIP				T aries	5.4 CITY - S	T-ZIP	
TITLE				☐ DELETE	6.1 TITLE	J	Change Addition
NAME					6.2 NAME	1	
STREET ADDRESS					6.3 STREET	ADDRESS	s
CITY - ST - ZIP	. <u></u>				6.4 CITY - S	1 - ZIP	
officer or o	on this annua dire cto r of the	al report or supplement	ai annuar eiver or ti	report is frue an d a ccu rustee empower ed to co	rate and th:	nia vm te	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in