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 # 65

Principal Place of Business

657285

(3)

Mailing Address

GORDON JAMES, III, P.A.

FILED
May 11 1998 8:00am
Secretary of State



SOD EAST BROWARD BLVD. SUITE 1000 FORT LAUDERDALE FL 33394		SUITE 1000	500 EAST BROWARD BLVD. SUITE 1000 FORT LAUDERDALE FL 33394			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/20/1980
⊢ ⊸ '	Place of Business	2a, Mailing Address	2a, Mailing Address			4. FEI Number Applied For
21		26	<u> </u>			59-2062936 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	-			5. Certificate of Status Desired See Regulred Fee Regulred
City & State		City & State	City & State			
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count			8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
JUDAH H. EVER				B1	Name	
	IE FINANCIAL PLAZA				Street Add	Iress (P.O. Box Number is Not Acceptable)
	NTE 2100		L.	-		
10	RT LAUDERDALE FL 33394		ľ	B3		
<u> </u>			Ī	84	City	FL 85 Zip Code
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. SIGNATURE Signature, typics or printed name of registered agent and title displacable. (NOTE: Begistered Agent signature required when reinstating). DATE						
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THLE	PD James III, Gordon	L) DELETE	1.1 TITU		ĺ	☐ Change ☐ Addition
NAME	500 EAST BROWARD BLVD.	QTE 1000	1.2 NAM			
STREET ADDRESS	FORT LAUDERDALE FL 3339				ADDRESS	
CITY-ST-ZIP	TOTAL DIODERDACE TO GOOD	DELETE	1.4 CITY 2.1 TITL			
NAME		L_J OCCCIL	2 1 IIIL			/ER, JUDAH H.
STREET ADDRESS						NE FINANCIAL PLAZA, SUITE 2100
CITY-ST-ZIP			2 4 CIT		IFO	ORT LAUDERDALE, FL 33394
TITLE		☐ DELETE	3.1 TITL			Change Addition
NAME			3.2 NAN	ΑE		_ , _
STREET ADDRESS			3.3 STR	EET #	ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-\$1	T - ZIP	
TITLE		☐ DELĒT Ē	4.1 TITL	E		☐ Change ☐ Addition
NAME			4. 2 NA	M٤		
STREET ADDRESS			4.3 STR	EET A	ADDRESS	·
CITY-ST-ZIP			4.4 CITY		· ZIP	
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NAM			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY	<u> </u>	- ZIP	
TITLE		☐ DELETE	61 TITL			Change Addition

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

6.3 STREET ADDRESS

Maria Mada

STREET ADORESS

CITY-ST-ZIP

11/2-120

Acu con lan