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





## Sandra B. Mortham

COL	PROFIT RPORATION JAL REPORT 1998		<b>Sandra</b> Secre	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			
1. Corporation	MENT # ( on Name ED HEALTH FAC	6 <b>76944</b> Ilities of Peni	(2) NSYLVANIA, INC				
Y & S MAN	MAN STREET. #212		Mailing Address 3389 SHERIDAN STREET #328 HOLLYWOOD FL 33021				
_	Place of Business	⊢⊸	. Mailing Address				
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.				
22 City & Stat		27	City & State				
23		28	Oily & State				
Zip	Cour	· —	Zip	Country			
24	25 Same and Add	29 ress of Current Regis	stered Agent	30			
Y	ACHNOWITZ, STUAI	·		81 Name			
	90 SHERIDAN STRI						
	212			82 Street A			
	OLLYWOOD FL 330	21		83			
• •							
				184   City			
				84 City			
11. Pursuant	to the provisions of So	ections 607.0502 and 6	607.1508, Florida Stat	utes, the above-named			
office or i	to the provisions of Sc registered agent, or bo im familiar with, and ac	oth, in the State of Flori	da. Such change was	utes, the above-named s authorized by the corn			
office or i	registered agent, or bo im familiar with, and ac	oth, in the State of Flori ocept the obligations o	da. Such change was f, Section 607.0505, I	utes, the above named a authorized by the corp forida Statutes.			
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**FILED** Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

03							3. Date Incorporated or Qualified 07/29/1980				
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address			4. FEI Number	T-1.	Applied For		
21			26	26			25-1387121	7.7	Not Applicable		
	, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional				
22		27	27			5. Certificate of Status Desired	Fee	Required			
City & State			City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23			28				Trust Fund Contribution Added to Fees				
Zip		Country	Zip	Cou	intry	!	8. This corporation owes or has paid the current year Intang-ble				
24							Personal Property Tax due June 30. Yes No				
		and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Age	nt			
YACHNOWITZ, STUART					81 Name						
	3990 SHERIC	JAN STREET			82 Street Address (P.O. Box Number is Not Acceptable)						
	#212					ļ					
HOLLYWOOD FL 33021					83						
					84	City	8	5 Zij	p Code		
****						l	FL  °	l.,			
11. Pur offic	suant to the provide or registered as	sions of Sections 607.05 gent. or both, in the Sta	502 and 607.1508, Florida Statut Le of Florida. Such change was a	tes, the al authorize	d by	e-named co v the corpo	orporation submits this statement for the purpose of charation's board of directors. I hereby accept the appoint	anging ment a	) its registered as registered		
age	nt. I am familiar w	ith, and accept the obli	igations of, Section 607.0505, Fk	orida Stat	utes	3.	, , , , , , , , , , , , , , , , , , , ,				
SIGNAT	URE Stateture trops	d or printed frame of registered a	cool and the discrete ANO.	T · Ozali trazi	d Aoc	not eicheit af ac en	gured when relustating) DATE				
12.	Signature, types		ND DIRECTORS	13.	u Nys	ill Signature to	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	ORS IN 12		
TITLE	TDP -	Or reaction	DELETE	1111	TLF	T	Control of the contro	Change			
NAME	YACHI	IOWITZ, STUART	<del></del> ***	1.2 N							
STREET AD	0000	HERIDAN ST., #212				ADDRESS					
CITY-ST-2	HOLLY	WOOD FL 33021				ST - ZIP					
TITLE			DELETE	2 1 1		1 211		Change	Addition		
NAME				2.2 N/	AME						
STREET AD	DRESS			235	TREET	ADDRESS					
CITY-ST-Z						ST - ZiP					
TITLE			DELETE	3.1 TI				Change	Addition		
NAME				3.2 N/	AME						
STREET AD	DRESS			3.3 51	REET	ADDRESS					
CITY-ST-Z	IP			3.4. C	II Y - S	ST-ZIP					
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NAME				4. 2 N	AME						
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CITY-ST-Z	IP			4.4 CI	1Y-5	SI - ZIP					
TITLE			☐ DELETE	5.1 Ti	TLE			Change	: 🔲 Addition		
NAME				5 2 N/	ME						
STREET AD	DRESS			5.3 ST	REET	ADDRESS					
CITY-ST-Z	IP			5.4 CI	IY-S	ST - Z(P					
TITLE			☐ DELETE	611	ILF			Change	: 🔲 Addition		
NAME				6.2 N/	\ME						
STREET AD	DRESS			6.3 \$1	REE I	ADDRESS					
					<b></b> .						

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. Hurther 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 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.

1/2/97

954 48)660Y