## 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

1. Corporatio	MENT # 68933 ASSOCIATE INVESTMENT	· · · · · · · · · · · · · · · · · · ·	,			
Principal Place of Business  1101 COLONY POINT CIRCLE SUITE 301 PEMBROKE PINES FL 33026		SUITE 301	1101 COLONY POINT CIRCLE		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/26/1980	
<del></del>		2a. Mailing Address	1		4. FEI Number	Applied For Not Applicable
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apl. #, etc.		59-2053485	\$8.75 Additional
22		<b>├</b> ─┐ ` ' ' '			5. Certificate of Status Desired	Fee Required
City & State		City & State	<u> </u>		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
<sup>Zip</sup>	Country	Zıp	Count	ry	8. This corporation owes or has paid the cur	
24	25	29	30			Yes No
	9. Name and Address of Curren	nt Hegistered Agent	8	1 Name	10. Name and Address of New Registered	Agent
	OHEN, THOMAS		*	Name	•	ļ
	101 COLONY POINT CIRCLE		8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
P	EMBROKE PINES FL 33026		8:	3		
				<b>"</b>		
			8-	4 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was author				Ve-named corp by the corporal		changing its registered ointment 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 age	uni and bile if applicable (N	IOTE: Registered A	pent signature requir	red when reinstating) DATE	
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	٧	DELETE	1.1 TITLE			Change Addition
NAME	COHEN, MERRILL		1.2 NAME	: [		[
STREET ADDRESS	312 DARTH MOUTH ST		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA		1.4 CITY - ST - ZIP			
TITLE	POT DELETE		2.1 TITLE	]		☐ Change ☐ Addition
NAME	COHEN, THOMAS		2.2 NAME			
STREET ADDRESS	1101 OLONY POINT CIRCLE	_	2.3 STREE	ET ADDRESS		J
CITY-ST-ZIP	PEMBROKE PINES, FL 0000		2 4 CITY			
TITLE	S COUEN THOMAS	☐ DELETE	31 TITLE			Change Addition
NAME	COHEN, THOMAS		3.2 NAME	i		1
STREET ADDRESS	1101 COLONY PT CIRCLE	ΛΛ		T ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 0000	DELETE	3.4. CITY			Change Addition
TITLE NAME		בייו טריכוב	4.1 TITLE 4. 2 NAM			Country Danition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ſ	,	,
TITLE			5.1 TiTLE			Change Addition
NAME		_	5.2 NAME	- 1	/1/4	2/.7
STREET ADDRESS				T ADDRESS	4/1)	<b>Y / ( - - - - - - - - - -</b>
CITY-ST-ZIP			5.4 CITY	ST-ZIP		7 ' '
TITLE		☐ DELETE	6.1 TITLE		الرائيس المرابع المراب	Change Addition
NAME			6.2 NAME		<b>4000024615</b> 0 -03/19/980100701	<u> </u>
STREET ADDRESS			63 9100	T ADDRESS	-03/13/380100(01	.b

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.

6.3 STREET ADDRESS

STREET ADDRESS

Much 6,1998(954)431-5942

\*\*\*150.00

**FILED** 

Mar 18 1998 8:00am

Secretary of State