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

FILED Apr 14 1998 8:00am Secretary of State

	PECT-O-LARMS, INC.	4 (7)				71 BABIS BABIS BABIS BABIS BABI
Principal Place	e of Business	Mailing Address			- I HOOMAN IN ENGIN INGHA HOMAN ANNI AND	iyy miwiy miwali myayi myayi (mai
1121 8. 21ST AVE. 1121 8. 21ST AVE.						
HOLLYWOOD FL 33020-6935 HOLLYWOOD FL 33020-69					DO NOT WOLTE IN THIS S	DAOE
					DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	7
					04/30/1981	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
11 26					59-2084438	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, et					5. Certificate of Status Desired	\$8.75 Additional
2 034 9 044		27	\ 			Fee Required
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	This corporation owes or has paid the current of the current	
4	25	29	30	•		Yes No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	Agent
R	obin, Susan K.			81 Name		
1901 NE 211 STREET			i	82 Street Address (P.O. Box Number is Not Acceptable)		
N	O. MIAMI BEACH FL 33179					
				83		1
			1	84 City		85 Zip Code
dd Dannach	a the mandelman of Partisma COT N/O	2 a - d CO2 1500 5locid- Coat			FL	abaa sina itu saasi tarad
agent. I ar	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a trions of, Section 607.0505, Flo	uthorize orida Stat	d by the corporal utes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appu	ointment as registered
SIGNATURE .	Signature, typed or printed name of registered ager	or and title if applicable (NOT	: Registere	d Agent signature requi-	ired when reinstaling) DATE	
12.	- OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 10	TLE .		Change
NAME	ROBIN, SIDNEY		1.2 N/			
STREET ADDRESS	9670 N. W. 39 COURT COOPER CITY FL			REET ADDRESS		
CITY-ST-ZIP			1.4 CI 2.1 Tr	TY-ST-ZIP		Change Addition
TITLE NAME	ROBIN, BERNARD H.	···				Change C Addition
STREET ADDRESS	1901 N.E. 211TH ST.		22 N/	REET ADDRESS		}
CITY-ST-ZIP	N. MIAMI BCH FL			TY-ST-ZIP		
TITLE	\$1	DELETE	3.1 TI			☐ Change ☐ Addition
NAME	ROBIN, EDITH		3.2 NA	ME		
STREET ADDRESS	9670 N. W. 39 COURT		3.3 \$1	REET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		3.4.0	TY-ST-ZIP		
TITLE		☐ DELETE	4.1 T/	ILE [· -	Change Addition
NAME			4. 2 N	AME		
STREET ADDRESS				REET ADORESS		ţ
CITY-ST-ZIP		DELETE	_	TY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TII	,		CT custings TT Withingty
ETREET ANNOESS			5.2 NA	REET ADDRESS		1
STREET ADDRESS (1	TY-ST-ZIP		}
TITLE		DELETE	6.1 Til			Change Addition
NAME			6.2 NA	1		
STREET ADDRESS				REET ADDRESS		{
CITY-ST-ZIP				TY-ST-ZIP		
					0 110 07(0)(1) =1 (1 0) 1 (1 0)	

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.

SIGNATURE: