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

P**R**OFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F54125

(2)

## FILED May 18 1998 8:00am Secretary of State

HO1) 626 3437

Principal Plac	e of Business GE ACRES BOULEVARD	Mailing Address  1384 HERITAGE ACRES SUITE A ROCKLEDGE FL 32955	illing Address 384 HERITAGE ACRES BOULEVARD UITE A		DO NOT WRITE IN THIS SPACE			
US	r C-Outon	US				3. Date Incorporated or Qualified		<del></del>
						11/10/1981		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26	26			59-2139888	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				5. Commodic of Grande Desired	Fee Req	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 A	
23		Zip Country			Trust Fund Contribution LJ	Added to		
Zip 320	Country	Zip	<del></del>	У		8. This corporation owes or has paid the		ingible No
24 00	25 25 Name and Address of Curren	29	30			Personal Property Tax due June 30.  10. Name and Address of New Registers		INO
00		ir trofigging whent	8	Name	-	10, reame and Address of from Hogiston	NA MAGIN	
	PROLITE COPORATION		Ľ					
1 SE 3RD AVENUE			8:	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
	HTE 4440-A" 1400		8:	-		111.		
MI	AMI FL 33131			501	1E	1400		
			84	City		F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508 Florida Statu	tes the abo	l ve-named	corpo	ration submits this statement for the purpose	e of changing its	registered
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized b	y the corp	poratio	on's board of directors. I hereby accept the a	appointment as re	egistered
ľ	in termilar with, and accept the owng	parions of, acceloration, object, r	ionua stattit	15.				
SIGNATURE	Signature typed or printed name of legistered ag-	ent and title if applicable (NO	1f Registered A	jent signature	required	J when reinstating) DATE	- <del></del>	
12.	OFFICERS AN	ID DIRI CTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	3 IN 12
TITLE	PD	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	Barnavon, Haim		1 2 NAME		1			
STREET ADDRESS	1384 HERITAGE ACRES BLV	∕D#A	1.3 STREE	1 ADDRESS				
CITY-ST-ZIP	ROCKELEDGE FL		1.4 CITY-	ST · ZIP				
TITLE			2.1 TITLE				Change	■ Addition
NAME	JACKSON, CARLA		2.2 NAME					
STREET ADDRESS	1 SOUTHEAST 3RD AVENUE	#1400-A	2 3 STREE	1 ADDRESS	ł			
CITY-ST-ZIP	MIAMI FL		2 4 CITY	ST-ZIP				T
TITLE	<b>\$</b> D	DELETE	3.1 TITLE	;	ļ		☐ Change	Addition
NAME	CALVERT, YVONNE	υη <u>ς</u>	3 2 NAME		_	SITE 1400		
STREET ADDRESS	1 SE 3RD AVENUE \$1400		3 3 STREE	T ADDRESS	5	JITE - 10-		
CITY-ST-ZIP	MIAMI FL "	DELETE	3 4. CITY				Change	Addition
TITLE		L] DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAM					
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		DELETE	5.1 TITLE	ST-ZIP			☐ Change	Addition
TITLE		LJ DLUSTE		1			onlinge	Addition
NAME CYDEET ADDOCCO			5.2 NAME					
STREET ADDRESS			5.3 STREE 5.4 CITY -	T ADDRESS	<b> </b>			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	31-211			Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS	ļ			
CITY-ST-ZIP			6.4 CITY-		ļ			
14. I hereby o	pertify that the information supplied w	vith this filing does not qualify	for the exem	ption state	ed in S	section 119.07(3)(i), Florida Statutes. I further	certify that the	nformation
officer or	on this annual report or supplement director of the corporation or the rec or Block 13 if changed, or on an afta	eiver or trustue empowered to	curate and the execute this	nat my sig report as	nature requir	e shall have the same legal effect as if made red by Chapter 607, Florida Statutes; and the	under oath; that at my name app	: I am an ears in