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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F89816

(5)

BERNSTEIN, PATCHEN, GOLD & WOLFSON, P.A. Mailing Address Principal Place of Business 12340 N.E. 6TH COURT 12340 N.E. 6TH COURT NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/01/1982 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 59-2198330 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name PATCHEN, SOL 12340 N.E. 6TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) NORTH MIAMI FL 33161 83 64 Zip Code City 11. 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of rose leved accret nor title if apply ablo (NOTE Registered Agent signature req. ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. OFFICERS AND DIRECTORS Addition DELETE Change TITLE 1.1 TRU GOLD, MARTIN C P A 1.2 NAME NAME 12340 NE 6TH CT. STREET ADDRESS 13 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP DETETE Change Addition PD TITLE 21 TITLE PATCHEN, SOL 2.2 NAME NAME 12340 NE 6TH CT. STREET ADDRESS 2.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TATLE 31 THILE WOLFSON, LAWRENCE S NAME 3.2 NAME 12340 NE 6TH CT STREET ADDRESS 3.3 STREET ADDRESS N MIAMI FL CITY-ST-ZIP 3 4. CITY - S1 - ZIP DELETE Change Addition TITLE 4.1 THILE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - Z)P DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 DRY-ST-7IP TITLE DELETE 61 THLF Change Addition 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 logal 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 change

SIGNATURE:

cefate 9.10 asmoran a

4/1/19

201-092-13.06

**FILED** 

Apr 21 1998 8:00am

Secretary of State