## 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 # F9300004069 (1)

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

TVRI	NC.								
Principal Pla	ce of Business	Mailing Address				MANSS RESULTED IN CONTRACT	THE BRILD BILLS IN	ALI FARI	
2301 S.E. 17TH STREET CAUSEWAY FT. LAUDERDALE FL 33316		5725 PARADISE DR STE 450 CORTE MADERA CA 94 US	STE 450 CORTE MADERA CA 94925		DO NOT  3. Date Incorporated or Qui	WRITE IN THIS SPA	ACE		
		05			09/08/1993	annea			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Applie	ed For	
21		26			94-2723310			pplicable	
Suite, Apt	. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desir	red 🗆	\$8.75 Add		
City & Sta	Io.	City & State					Fee Requi		
23	ie	28			<ol> <li>Election Campaign Finan Trust Fund Contribution</li> </ol>	cing	\$5.00 Ma Added to F		
Zip	Country	Zip	Country	/	8. This corporation owes or				
24	25	29	30		Personal Property Tax du	ie June 30. 🔲	Yes 🔲 N	_	
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	lew Registered Ag	ent		
	CORPORATION		81	Name					
	00 SOUTH PINE ISLAND RD		82 Street Ad		Address (P.O. Box Number is Not Ac	dress (P.O. Box Number is Not Acceptable)			
PL	ANTATION FL 33324								
			03						
			84	City		FL	85 Zip Coc	ob	
office or agent. I :	to the provisions of Sections 607.0505 registered agont, or both, in the State am familiar with, and accept the obligation typestor posted name of registered agon.  OFFICERS AND	Land title if applicable (NO			poration's board of directors. I hereby required which reinstating!  ADDITIONS/CHANGES TO	DATE			
TITLE	CP	DELFTE	1.1 111LE					Addition	
NAME	FREEMAN, ROBERT A		1.2 NAME	1					
STREET ADDRESS	5725 PARADISE DRIVE, SUITE	450	1.3 STREFT	ADDRESS					
CITY-ST-ZIP	CORTE MADERA CA 94925		14 CHY-5	ST-ZIP	·				
TITLE	VD DELETE		2.1 TITLE			L	Change [	Addition	
NAME	AMINIFARD, MOHSEN	450	2.2 NAME						
STREET ADDRESS	5725 PARADISE DRIVE, SUITE CORTE MADERA CA	430	2.3 STRFET	1					
CITY-ST-ZIP TITLE	VD VD	DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP			Change	Addition	
NAME	BENSON, JAMES H		3.7 MEE			_	1 Orango		
STREET ADDRESS	5725 PARADISE DRIVE, SUITE	450	3.3 STREET	AUDRESS					
CITY-ST-ZIP	CORTE MADERA CA		3 4. CITY-	ST-ZIP					
TITLE	DS	DELETE	4 1 TUTLE		V		Change _	Addition	
NAME	WENDELL, DAVID		4. 2 NAME		TIMOTHY BOHAD	, ,,			
STREET ADDRESS	1250 TRINITY DR		4.3 STREET	ADDRESS	TIMOTHY BOHAD 1006 GREEN OAK	DR #24			
CITY-ST-ZIP	MENLO PARK CA 94025	···.	4.4 CITY- 5		NOVA to, CA. 9494	<u> </u>			
TITLE	VT	DELETE	5.1 THILE				Change	Addition	
NAME	DAVIS, RONALD B	450	5.2 NAM€						
STREET ADDRESS	5725 PARADISE DRIVE, SUITE CORTE MADERA CA	400	5.3 STREET	- 1					
City-ST-ZIP TITLE	V V	DELETE	5.4 CITY - 5 6.1 TITLE	1-ZIP		<del></del>	Change	Addition	
NAME	BURNS, JOHN S	OLLETE	6.1 HILE 6.2 NAME			<del>L</del>	,	# FAGILION	
STREET ADDRESS	5725 PARADISE DR SUITE 450	)	63 STREET	ADDRESS					
CITY-ST-ZIP	CORTE MADERA CA		6.4 CITY - S	- 1					
14. I hereby	certify that the information supplied will	h this filing does not qualify	for the exemp	tion state	d in Section 119.07(3)(i), Florida Stat	lutes. I further certif	y that the info	ormation	
officer or	for this arioual report or supplemental director of the corporation or the receiver Block 13 if changed, groin an attact.	ver or trastee empo <b>wered t</b> o	curate and the execute this	at my sigr report as	nature snall have the same legal efforcequired by Chapter 607, Florida Sta	or as it made under atutes; and that my	oam; that I i name appea	am an irs in	