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

### **PROFIT** CORPORATION ANNUAL REPORT

1998



#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

rincipal Place of Business	Mailing Address
1000 CORPORATE DRIVE FORT LAUDERDALE FL 33334	1000 CORPORATE DRIVE FORT LAUDERDALE FL 33334

# **FILED** May 07 1998 8:00am Secretary of State

1. Corporatio		TOTAL	,,,,	15395 (B)								
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							3. Date Incom		ı			
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Suite, Apt. #, etc			120	Suite, Apt. #, etc.						\$8.75		
22			27	27			5. Certificate	of Status Desired		Fee Re		
City & State				City & State			6. Election Ca	mpaign Financing		\$5.00	May Be	
23	<del></del>		28				Trust Fund	Contribution		Added		
Zip		Country	<u> </u>	Zip	Coun	try		ration owes or has p	_			
24 25 9. Name and Address of Current F			29					Personal Property Tax due June 30. X Yes No  10. Name and Address of New Registered Agent				
			. negis	reien Wähill		11 Name	10. Name and	Address of New P	-Añisteleg 1	Anur		
		ITION SYSTEM PINE ISLAND ROAD			L							
	ANTATION				8	2 Street A	ddress (P.O. Box Nur	mber is Not Accepta	able)			
, ,	MILLION	1 6 00024			<u> </u>	13						
										<del>,</del> .		
					١	14 City			FL	<b>85</b> Zip (	Code	
11. Pursuant	to the provis	ions of Sections 607.050	2 and 6	07 1508, Florida Statut	les, the abo	ove-named c	orporation submits th	is statement for the		changing it	s registered	
office or r agent. I a	registered aç ım familiar wi	ions of Sections 607.050 gent, or both, in the State ith, and accept the obliga	of Flori ations o	da. Such change was a f, Section 607.0505. Fl	authorized orida Statu	by the corpo tes.	ration's board of dire	ctors. I hereby acc	ept the app	ointment as	registered	
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	- *									
	Signature typed	For product name of ingestired age			F: Registered /	Agent signature re	quired when reinstating)		DATE			
12.	CCAD	OFFICERS AN	) DIRF(		13.		ADDITIONS/	CHANGES TO OFF	ICERS AND			
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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 suppliemental 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 any attachment with an address.

**SIGNATURE** 

Asst. VP-Taxes

4/21/98

212-451-3115