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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1. Corporation	on Name	# F9 Prganizat			657 (U)						
Principal Plac	Mailing Address						- S LEGINOR AND IRISO DISCLARATION OF THE ADMIL ADMIL STATE CLOSE DESTRICTION OF THE STATE OF TH					
1919 N.E. 45TH STREET 1919 N.E. 45TH STRE						REET	т					
SUITE 220 SUITE 220									İ	1		
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 333						L 33306	08			DO NOT WRITE IN THIS SPACE		
									ļ	3. Date Incorporated or Qualified 09/11/1996		
2. Principal F	Place of Busin		2e. Mailing Address						4. FEI Number Applied For			
21			26						25-1793914 Not Applica			
Sulte, Apt.		Suite, Apt. #, efc.						5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required				
City & Stat		City & State				-		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	····	Zij	5		Country			8. This corporation owes or has paid the current year Intangible		
24	25			29 30						Personal Property Tax due June 30. Yes No		
		and Address	of Current	Registere	d Agent					10. Name and Address of New Registered Agent		
	ndman, D						81	Name				
19	82				Street	Addres	ss (P.O. Box Number is Not Acceptable)					
FT LAUDERDALE FL 33308												
							83					
Ì							84	City		FL 85 Zip Code		
11. Pursuant office or r agent. I a	to the provis regi st ered ag am fa miliar wi	ions of Section ent, or both, in th, and accep	is 607.0502 In the State of Ithe obligati	and 607.1 If Florida. Si ions of, Sc	1508, Florida S Such change ection 607.050	Statutes was au)5, Flori	s, the above uthorized by ida Statutes	e-named the corp s.	corpor	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered		
SIGNATURE		or printed name of								5 when reinstating) DATE		
12.		OFF	CERS AND	DIRECTO			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD				☐ DELET	E	1.1 TITLE	· -		Change Addit		
NAME		AN, DAVID					1.2 NAME			A Wielsk		
STREET ADDRESS		NTRE AVEN	UE, STE L	10-			1.3 STREET	ADDRESS	70	7 7 7 19 17 19 17 19 19 19 19 19 19 19 19 19 19 19 19 19		
CITY-ST-ZIP		JRGH PA					1.4 CITY - S	T - ZIP	ļ <u> </u>			
TITLE	D		4		☐ DELET	t	2.1 TITLE			Change Addit		
NAME		AN, SAMUEL		46			2.2 NAME		_	- 11 disabil		
STREET ADDRESS		INTRE-AVEN	UE, OIE 1	τ υ			2.3 STREFT		PO	594/19/3/13/		
CITY-ST-ZIP	D	JRGH PA			DELET	<u> </u>	2.4 CITY-S	ST-ZIP	ļ	Change Addit		
TITLE	RECK. V	NAVNE			L. J ULLEII	L.	3.1 TITLE		1	The Change (1) About		
NAME STORES ADDRESS		NTRE AVEN	HE-OTE I	10			3.2 NAME 3.3 STREET	ADDDEAD	Po	30X1 8154B		
STREET ADDRESS		JRGH PA	JE, JIL L				• • • • • • • • • • • • • • • • • • • •			//1///7		
CITY-ST-ZIP TITLE	CD	ALCOH F. P.			DELET	Ē	3.4. CITY - S 4.1 TITLE	1.715	 	Change Additi		
NAME	PEPE. F	RANK J				-	4. 2 NAME		1	Change L Addit		
STREET ADDRESS		SIGN DRIVE					4.2 NAME	Annacce				
CITY-ST-ZIP		RIVER NJ					4.4 CITY - S		ĺ			
TITLE	D			·	DELET	Ē	5.1 TITLE	I - CIF		☐ Change ☐ Addit		
NAME	PEPE, J	OANNE					5 2 NAME		Ī			
STREET ADDRESS		SIGN DRIVE					5.3 STREET	ADDRESS				
CITY-ST-ZIP		RIVER NJ					5.4 CITY - ST					
TITLE					☐ DELET	E	6.1 TITLE		· · · · ·	Change Additi		
NAME						_	6.2 NAME					
STREET ADDRESS			_			7	63 STAGET	ADDRESS)			
CITY ST. 710					1		C VIIV C		1			

He information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information nual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the couporation or the receiver or under empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1/0/98

FILED

Feb 11 1998 8:00am

Secretary of State