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

PROFIT CORPORATION ANNUAL REPORT

1998

LINITED TAYLOORD



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

FILED Mar 04 1998 8:00am Secretary of State

			·····											
-					iling Address	Address					IS GLASS BIRNS	TIPLI EIGH	1601	
% BARRY BARAK 2223 PEMBROKE ROAD				*	% BARRY BARAK 2223 PEMBROKE ROAD									
HOLLYWOOD FL 33020					HOLLYWOOD FL 33020					DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified 08/19/1982				
_	Principal P	lace of Busi	iness		Mailing Address					4. FEI Number		Applied	For	
Suite, Apt. #, etc.			26	Suite, Apt. #, etc.					59-2225410		Not App	*******		
22	Solio, Apr. 4, 610.			27	27					5. Certificate of Status Desired		Addition Requires		
	City & State				City & State					6. Election Campaign Financing		May		
23				28	28					Trust Fund Contribution		d to Fee		
_	Zip	Country			Zip Country			,		8. This corporation owes or has paid the cu	rrent year	Intangib	le	
24		25 29 29 9, Name and Address of Current Registered Agen				30				Personal Property Tax due June 30. X Yes No				
	DA			ent Hegist	ered Agent		81	Name		10. Name and Address of New Registered	Agent			
BARAK, BARRY 2223 PEMBROKE ROAD							91	Name						
HOLLYWOOD 33020							82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
110221110000 00020														
							84	' '		FL	. '	p Code		
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 								e-named	corpor	ration submits this statement for the purpose of	changing	its regi	stered	
	agent. I a	m familiar w	ith, and accept the obli	gations of,	Section 607.0505, Flo	orida Stat	lutes	y ine corp s.	poration	ns board or directors. I hereby accept the app	ontment a	is regist	ered	
SIGNATURE														
12.		aignature, typec	OFFICERS A			t: Hegislered	d Age	eni signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIDECTO	DE IN		
TITLE		PD			DELETE	1.1 TO	TLE]	ADDITIONS/CHANGES TO OFFICERS AND	Change		Addition	
NAME		BARAK, BARRY			1.		1.2 NAME		i			_		
STREE	TREET ADDRESS 2223 PEMBROKE ROAL						1.3 STREET ADDRESS							
CITY-ST-ZIP			WOOD FL				1.4 CITY-ST-ZIP							
TITLE		SD			☐ DELETE	2.1 10	TLE				Change		Addition	
NAME	AMM DEMODAVE DOAD					2.2 NAME								
	T ADDRESS		WOOD FL					ADDRESS						
CITY-	ST-ZIP	HOLL	WOOD IL		DELETE			ST-ZIP			T10			
NAME	- 1				C. Otter	3.1 Til 3.2 NA					☐ Change	ا لسا	Addition	
	T ADDRESS							ADDRESS						
	ST-ZWP					3.4. CI								
TITLE					☐ DELETE	4.1 Til		,, ,,,			☐ Change		Addition	
NAME	Ì					4.2 N	AME					_		
STREE	T ADDRESS					4.3 ST	REET	ADDRESS						
	ST-ZIP					4.4 CI	TY-51	T-ZIP						
TITLE	l				☐ DELETE	5.1 TIT	LE				Change		Addition	
NAME	1					5.2 NA	ME							
	T ADDRESS							ADDRESS						
	ST-ZIP			•***	DELETE	5.4 CIT		T-ZIP					1.4.490	
TITLE					☐ DELETÉ	6.1 TiT					☐ Change	L.J A	Addition	
	T ADDRESS					6.2 NA		4000000						
	CITY-SI-ZIP					6.3 STR 6.4 CITY							İ	
		notific blood th		101 At 1 40		0.4 011	1-5	1-211						

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 supplemental 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 an attriction with an address.

GNATURE:

SIGNATURE:

2/17/98 (954) 923-9999