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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Mar 10 1998 8:00am Secretary of State

FILED

		MENT Namo I. RUTKIN	# G0787 9 1, INC.	4 ((2)			
Prin	Principal Place of Business Mailing Address							
133	30 BISCAY	NE ISLAND 1	TERR	13330 BISCAY	NE ISLAND TI	FAR.		
NO. MIAMI FL 33181					NO. MIAMI FL 33181			DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								11/10/1982
2. F	rincipal Pl	ace of Busin	ness	2a. Mailing Ad	2a. Mailing Address			4. FEI Number Applied For
21	1			26	26			59-2285822 Not Applicable
١ ٤	Suite, Apt. #, etc.			Suite, Apt.	Suite, Apl. #, etc.			S Cartificate of Status Decired S8.75 Additional
22	2			27	- 			Fee Required
(City & State				City & State			6. Election Campaign Financing \$5.00 May Be
23	Zip.	p Country		28				Trust Fund Contribution Added to Fees
24	- up		25	29	3	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
-71		9. Name	and Address of Currer	the second of the commence of the second		· ·		10. Name and Address of New Registered Agent
	RUT	TKIN, MARI	K.J			81	Name	
			INE ISLAND TERR.			82	Street	Address (P.O. Box Number is Not Acceptable)
	NO. MIAMI FL 33181							
					83			
						84	City	■■ 85 Zip Code
	Duray cast t	la the provin	Name of Contions CO7 OLG	10 and 207 1500 Ela	rida Statutas	the above	nomed	FL Is 2000
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								rporation's board of directors. I hereby accept the appointment as registered
		m tamiliar w	ith, and accept the oblig	ations of, Section 60	77.0505, Flori	da Statutes	3.	
SIG	NATURE .	Signature, typest	tor product rame of registered age	ont med title if applicable	(NOTE: F	Ringistared Age	ni signature	e required when reinstating) DATE
12.			OFFICERS AN	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	I	P		LJ	DELETE	11 TITLE		Change Addition
NAMI	1 110-11-11				1.2			
ĺ	ET ADDRESS		BISCAYNE ISLAND TE	HH		1.3 STREET		
TITLE	-ST-ZIP	VP	MI FL 33181	•••••••••••••••••••••••••••••••••••••••	DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	Change Addition
NAMI	I		, MELANIE	لـــا	DICC 1L	2.2 NAME		- Change - Francisco
ľ	ET ADDRESS		ISCAYNE ISLAND TE	AR		2 3 STREET	ADDRESS	
	-SI-ZIP		MI FL 33181			2.4 GITY-5		
TITLE					DELETE	3.1 TITLE		Change Addition
NAME	: /					3.2 NAME		
STRE	ET ADDRESS					3.3 STREET	ADDRESS	
СПУ	-ST-ZIP					3.4. CITY - 5	ST-ZIP	
TITLE	1			U	DELETE	4 1 TITLE		Change Addition
NAM	i					4, 2 NAME		
i	ET ADDRESS					4.3 STREET		
TITLE	- ST - ZIP			····	DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP	Change Addition
NAME	ſ					S.2 NAME		
ı	ET ADDRESS					5.3 STREET	ADDRESS	
l	-\$1-2#P					5.4 CITY-S		
TITLE		·			DELETE	6.1 TITLE		Change Addition
NAMI	E					6.2 NAME		,
STRE	ET ADORESS					6.3 STREET	ADDRESS	

14. I horeby 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 arrival 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 of the corporation or on an attachment with an address.

SIGNATURE:

and), Lu

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CRZE034 (10/9)