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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

LAWRENCE H. ROGOVIN, P.A.

FILED Apr 13 1998 8:00am Secretary of State

3 ,,			•							
Principal Place of Business				Mailing Address				T TO BELLE A BOOK TEACH TRIBLE METER OF STATE OF BURK CHOIL BEING GROUND STATE OF THE STATE OF T		
1031 IVES DAIRY ROAD STE 125 MIAM FL 33178				1031 IVES DAIRY ROAD STE 125 MIAMI FL 33179				DO NOT WRITE IN THIS SPACE		
US				US				3. Date Incorporated or Qualified		
								12/02/1982		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For		
21				26				59-2236706 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional		
22				27				Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23				28				Trust Fund Contribution Added to Fees		
Zip		Country	\vdash	Zip		intry		8. This corporation owes or has paid the current year Intangible		
24	25 29 30				30	Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent						A 1	A 1	10. Name and Address of New Registered Agent		
ROGOVIN, LAWRENCE H.						81	Name	•		
1031 IVES DAIRY ROAD						82 Street A		Address (P.O. Box Number is Not Acceptable)		
STE 125						83				
MIAMI FL 33179										
							City	85 Zip Code		
						84		FL FL FL FL FL FL FL FL		
office or re	egistered ac	ent or both in the	State of Florid	07.1508, Florida Statu da. Such change was , Section 607.0505, Fl	authoriza	d by	the core	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE								required when reinstating) DATE		
					gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE .	PSD DELETE			1.1 TITLE		Change Addition				
NAME		ROGOVIN, LAWRENCE H.			12 NAME		C. Crarifo C. Loronton			
					1.3 STREET ADDRESS					
STREET ADDRESS	(1, 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
CITY-ST-ZIP	N MIAMI BEACH FL 00000		00			TY - S	T-ZIP	Change Addition		
TITLE				□ occett				Change		
NAME				2.2 NAME		1				
					2.3 STREET ADDRESS		~/ · ,			
CITY-ST-ZIP						2 4 CITY-ST-ZIP				
I TOTLE I				DELETE	311	TLF	f	Change Addition		

6.4 CITY-ST-ZIP 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 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 attachment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5 1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME

☐ DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

HOUSENCE M. ROGOUN 305-770-4114 SIGNATURE:

Change

☐ Change

Addition

Addition

Addition