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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (3)

FILED Mar 06 1998 8:00am Secretary of State

		Mail 26 0	ing Addross XX SW 27TH AVE AMI FL 33133			77 W-4	DO NOT WRITE IN TH			
							3. Date Incorporated or Qualified			
							01/21/1983			
2. Principal F	Place of Business	2a. !	2a. Mailing Address				4. FEI Number Applied For			
21		26					26-7074227		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
City & State		27							Required	
City & Sta	(e)		City & State				6. Election Campaign Financing Trust Fund Contribution		O May Be	
Z ip	Country	28	Zip	Cour	ıtru				d to Fees	
25			Zip Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
171	9. Name and Address of Curr		red Agent	30			10. Name and Address of New Register			
TA	YLOR, MARLENE T.				81	Name				
	000 SW 27TH AVE				_	Carp of A did				
	AMI FL 33133]	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
mi.	Amily E OVION			1	B3					
				ļ.		City		 	- Code	
				1	B4	City	F	L 85 Zi	p Code	
SIGNATURE	Signature typed or product name of registered a				Agei	ni signature require	ad when reinstating) DAT			
12.	PD	MO DIRECT	DELETE	13. 1.1 TITI			ADDITIONS/CHANGES TO OFFICERS	Change		
NAME	TATHAM, THOMAS L		Ditti.	1.2 NAM						
STREET ADDRESS	2600 SW 27 AVE					ADORESS	•			
CITY-ST-ZIP	MIAMI, FL 33133				1.4 CITY-ST-ZIP					
TITLE	\$D		DELETE	21 TITLE E		Ð	P	Change	Addition	
NAME	TATHAM, BERNICE				22 14145		ernice /atham	•		
STREET ADDRESS	2600 SW 27 AVE			2.3 STR	EET	ADDRESS A	600 5.W. 27 AVE	•		
CITY-ST-ZIP	MIAMI, FL 33133			2. 4 CIT	Y-\$	T-ZIP	600 5.W. 27 Ave liami FL 33133			
TITLE	VP .		DELETE	3.1 TiTL	.€	1170)	Change	Addition	
NAME	TAYLOR, MARLENE T			3.2 NAA	ΛE	MO	ariene T. Taylor			
STREET ADDRESS	2600 SW 27 AVENUE					ADDRESS 26	606 SIW. 27 PTVE			
City-St-ZiP	MIAMI FL		· · · · · · · · · · · · · · · · · · ·	3.4. CIT		T-ZIP M	liemi + 33/33		2 100	
TITLE			DELETE	4.1 Tits	.E			Change	Addition	
NAME	1									
STREET ADDRESS	į.			4. 2 NA						
				4.3 STR	EET .	ADDRESS				
CITY-ST-ZIP			DELETE	4.3 STR 4.4 Cit	EET /			Change	Addition	
TITLE			☐ DELETE	4.3 STR 4.4 CiT 5.1 Titl	EET A Y-ST .E			Change	Addition	
TITLE NAME		·	DELETE	4.3 STR 4.4 CfT' 5.1 Titl 5.2 NAS	EET A Y-ST E ME	T-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ DELETE	4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR	Y-ST LE ME	7-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT	Y-ST E ME EET / Y-ST	7-ZIP ADDRESS	·			
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE			DELETE	4.3 STR 4.4 CFT 5.1 TFTL 5.2 NAA 5.3 STR 5.4 CFF 6.1 TFTL	Y-ST LE ME EE1 / Y-S1	7-ZIP ADDRESS		☐ Change		
TITLE NAME STREET ADDRESS				4.3 STR 4.4 CIT 5.1 TITL 5.2 NAA 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAA	Y-ST E ME EET M Y-ST E	7-ZIP ADDRESS	· · · · · · · · · · · · · · · · · · ·			

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 opecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 including an address.

3-218 305/446-1967