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PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1, Corporation Name



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(7)

AZZURA INVESTMENT CORP.

## FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address		, , , , , , , , , , , , , , , , , , , ,	
2400 E. COMMERCIAL BLVD.	P.O. BOX 1621			
SUITE 720 HOLLYWOOD FL 33308	HOLLYWOOD FL 33022		DO NOT WRITE	E IN THIS SPACE
70000 72 0000			3. Date Incorporated or Qualified	. IN THIS STACE
			10/03/1983	
2. Principal Place of Business	2s. Mailing Address		4. FEI Number	Applied For
21	26		65-0033097	Not Applicable
Suite, Apt. #, etc.	Suita, Apt. #, etc.		E Cortificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	[28]	T	Trust Fund Contribution	Added to Fees
Zip Cour	- ^ · · · · · · · · · · · · · · · ·	Country	This corporation owes or has pa	
24 25 Name and Add	29  dress of Current Registered Agent	30	Personal Property Tax due June	
LUKASIEVICH, MICHA	· · · · · · · · · · · · · · · · · · ·	81 Name	10. Name and Address of New Re	gistered Agent
2400 E. COMMERCIAI		, rame		
SUITE 720	L BLVD.	82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
HOLLYWOOD FL 3330	no	63		
HOLLIHOOD PL 3330	00			,
		<b>B4</b> City		FL 85 Zip Code
11. Pursuant to the provisions of Se	octions 607.0502 and 607.1508, Florida Statut	es the above-named corn	notation submite this statement for the	
onice or registered agent, or be	oin, in the State of Florida. Such change was (	authorized by the corporat	ion's board of directors. I hereby acce	pt the appointment as registered
agent i ani janiliar with, and a	ecept the obligations of, Section 607.0505, Flo	onda Statutes.		
SIGNATURE Standard based or product to	(NOT	: Registered Agent signature requir	ad when reinstating \	DATE
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE PD	DILFTE	1.1 TITLE		Change Addition
NAME SHERMETT, BEI	N D.	1.2 NAME		
STREET ADDRESS 2400 E. COMME	ERCIAL BLVD.	1.3 STREET ADDRESS		•
CITY-ST-ZIP HOLLYWOOD FI	L 33308	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		i
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE	3 1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		į.
CITY-S1-ZIP		3.4 CITY-ST-ZIP		
TALE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	1-	☐ Change ☐ Addition
NAME		5.2 NAME	·	į
STREET ADDRESS		5.3 STREET ADDRESS		1
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		1
STREET ADDRESS		6.3 STREET ADDRESS		İ
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. Thereby 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 this 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

SIGNATURE:

JI A St Pres

2/4/98

(954) 920-2274

2E034 (10/97)