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

**PROFIT CORPORATION** ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

|   | 1998                                 | Secretary<br>DIVISION OF CO           |                                   | Secretary  | of State   |
|---|--------------------------------------|---------------------------------------|-----------------------------------|--|--|
| DOCUI<br>1. Corporation   | MENT # G7086                         | 61 (1)                                |                                   |  |  |
|   |                                      |                                       |                                   |  |  |
| Principal Place   | e of Business                        | Mailing Address                       |                                   | a undereit denit alleite Edital sente mitte tief dient   |  |
| 505 NW 65 C   | T                                    | 505 NW 65 CT                          |                                   |  |  |
| STE 200 SUITE 200 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309   |                                      |                                       | 9.6120                            | DO NOT WRITE IN TH   | IIS SPACE  |
| US  | 100 PC 00000                         | US                                    | V (120                            | 3. Date Incorporated or Qualified  |  |
|   |                                      |                                       |                                   | 11/21/1983   |  |
|   | ace of Business                      | 2a. Mailing Address                   |                                   | 4. FEI Number  | Applied For  |
| Suite, Apt.   | # oto                                | Suite, Apt. #, etc.                   |                                   | 59-2370397   | Not Applicable   |
| 22  | w, etc.                              | 27                                    |                                   | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Required  |
| City & State  | 9                                    | City & State                          |                                   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23<br>Zip   | Country                              | 28                                    | Country                           | Trust Fund Contribution  | Added to Fees  |
| 24  | 25                                   | _ <b>├</b> ─ `                        | 30                                | <ol><li>This corporation owes or has paid the<br/>Personal Property Tax due June 30.</li></ol> | Yes No   |
|   | g. Name and Address of Curre         |                                       |                                   | 10. Name and Address of New Register   |  |
| НО  | GAN, GARLAND ESQ                     |                                       | 81 Name                           | DONAN TITCOM   | 2  |
| 300 E LAS OLAS 2ND FLOOR 82 Street Adds   |                                      |                                       |                                   | ess (P.Q. Box Number in Not Acceptable)  |  |
| FT LAUDERDALE FL 33301  |                                      |                                       | 83                                | 38 NW 74"  | COURT  |
|   |                                      |                                       | 1831                              |  |  |
|   |                                      |                                       | B4 City                           | YARAC F  | L 85 Zip Code 9  |
| 11. Pursuant t  | to the provisions of Sections 607.05 | 02 and 907 1688, Florida Statute      | s, the above-named corp           | poration submits this statement for the purpos   |  |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1568, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Soch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am family with, and accept the obligations of Section 607.0505, Florida Statutes. |                                      |                                       |                                   |  |  |
| SIGNATURE   | Marren (                             | 1 Day                                 |                                   | <b>4</b> ·.  | 3.98   |
| -   |                                      |                                       | Registered Agent signature requir | red when reinstating) DAT  | E  |
| TITLE   | PTD OFFICERS A                       | ND DIRECTORS DELETE                   | 13.                               | ADDITIONS/CHANGES TO OFFICERS  | Change Addition  |
| NAME  | TITCOMB, NORMAN                      |                                       | 1.2 NAME                          |  |  |
| STREET ADORESS  | 4638 NW 44 CT.                       |                                       | 1.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP   | TAMARAC, FL 33319                    |                                       | 1.4 CITY+ST-ZIP                   |  |  |
| TITLE   |                                      | DELETE                                | 2.1 TITLE                         |  | Change Addition  |
| NAME  |                                      |                                       | 2.2 NAME                          |  |  |
| STREET ADDRESS  |                                      |                                       | 2.3 STREET ADDRESS                |  | <u> </u>   |
| CITY-ST-ZIP   |                                      | Contro                                | 2. 4 CITY - ST - ZIP              |  | Change Addition  |
| TITLE<br>NAME   |                                      | ☐ DELETE                              | 3.1 TITLE<br>3.2 NAME             | ,  | Change Addition  |
| STREET ADDRESS  |                                      |                                       | 3.2 NAME<br>3.3 STREET ADDRESS    | ,  |  |
| CITY-ST-ZIP   |                                      |                                       | 3.4. CITY-ST-ZIP                  |  |  |
| TITLE   |                                      | 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                         |  | ☐ Change ☐ Addition  |
| NAME  |                                      |                                       | 5.2 NAME                          |  |  |
| STREET ADDRESS  |                                      |                                       | 5.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP<br>TITLE  |                                      | OELETE                                | 5.4 CITY-ST-ZIP<br>6.1 TITLE      |  | Change Addition  |
| NAME  |                                      | C. Peters                             | 6.2 NAME                          |  | The Assertance of the Assertan |
| STREET ADDRESS  |                                      |                                       | 6.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP   |                                      |                                       | 6.4 CITY-ST-ZIP                   |  |  |
|   | ertify that the information supplied | with this filing does not qualify for |                                   | Section 119.07(3)(i). Florida Statutes, I furthe   | r certify that the information   |

a nereby certify that in information supplied with his hilling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic 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 in an attachment with an auditoria.

SIGNATURE:

954.771.9003

**FILED** 

Apr 14 1998 8:00am