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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G78728

(4)

ROBBII	ns office furniture, in	C.		 	
Principal Plac	e of Business	Mailing Address			**! 41011 41611 41911 41811 61811 1991
5811 RAVENS		5811 RAVENSWOOD ROA	AD		
FT. LAUDERDALE FL 33312 FT LAUDERDALE FL 33312			12	DO NOT INDITE IN	T. 110 CDAOE
US		US		DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified 01/16/1984	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0595838	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	38.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	ne current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Regist	ered Agent
	TARKA, ANTHONY J. (JR)		81 Name		
	00 S OUTHWEST 2N D ST.,		B2 Street Addr	ress (P.O. Box Number is Not Acceptable)	
BO	ICA RATON FL 33486				
			83		
			84 City		85 Zip Code
			- '		FL
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purp- ilon's board of directors. I hereby accept the	ose of changing its registered
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505, Flo	rida Statutes.	non a board of pirectors, t neteby accept the	e abbournent as radisterad
SIGNATURE		w.v.	** .		and the second second
0.0	Signature, typed or printed name of registered age		: Registered Agent signature requir		ATE
	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TATARKA, ANTHONY J., JR.		1.2 NAME		
STREET ADDRESS	1300 SW 2ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	- I priete	1.4 CITY - ST - ZIP		
TITLE	STD FLANE	☐ DELETE	2.1 TITLE		Change Addition
NAME	TATARKA, ELAINE C.		2.2 NAME		
STREET ADDRESS	1300 SW 2ND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		L_ Change L_ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		L 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			54 City-St-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ ST_7ID			EARITY OF 71D		

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.

NONATURE.