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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED								
Feb 17 1998 8:00am								
Secretary of State								

1. Corporatio	n Name	# G904 SUSIE WON		(9)			I 12 anns 2018 (Bris abin biad) dhin abin bian bian bian bian bian bian bi	1	
B.d. david Bl	10								
Principal Place of Business			Mailing A	Mailing Address			t realth and contract and antition of the first business of the contract of th	'	
13919 SW 661 MIAMI FL 331		-	13919 SW 66TH STREET						
MIRMI FL 331	DŞ		MIAMI FL	33183			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							02/02/1984	- 1	
2. Principal P	lace of Busi	ness	2a. Mailing	2s. Mailing Address			4. FEI Number Applied Fo	or or	
21			26	26			65-0023752 Not Applic	able	
 Suite, Apt. 	#, etc.		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	1E	
22 City & Chat			27				Fee Required		
_ City & State	в			City & State			6. Election Campaign Financing \$5.00 May Be	, İ	
Zip	Zip Country			7ip Country			Trust Fund Contribution Added to Fees		
24	25				30	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
241	24 25 29 3						Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
MC	HAELS. M				81	Name			
	O SW 86TI					0			
	MI FL 331				82	Street A	Address (P.O. Box Number is Not Acceptable)	-	
MINIMITE SO ITT					83			-	
					-	01:			
					84	City	FL 85 Zip Coda		
11. Pursuant 1	lo the provis	ions of Sections 60	7.0502 and 607 1508	Florida Statule	es, the above	o-named (corporation submits this statement for the purpose of changing its registe poration's board of directors. I hereby accept the appointment as register	red	
agent. Lar	m familiar wi	ith, an d a ccept the	obligations of, Section	n 607.05 <mark>05,</mark> Flo	iutnorizea by orida Statutes	tne corp 3.	poration's board of directors. I hereby accept the appointment as register	∌ď [
SIGNATURE									
	Signature, typed		red agent and little if applicab	le (NOH		nt signalure (required when re-nistating) DATE	i	
12. TITLE	PD	OFFICER	S AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	HABER, SUSAN			L_ DECENE	1.1 TITLE 1.2 NAME		L. Change L. Ado	attion	
STREET ADDRESS 15471 SOUTH WEST 148 STRE			CTDECT	1.2 NAME 1.3 STREET ADDRESS		ADDRECC			
CITY-ST-ZIP				1.4 CHY - ST- ZIP				1	
TITLE	D	<u> </u>		DELFTE	2.1 TITLE	1-211	Change Add	lition (
NAME	ARMADA, MARY JEAN				2.2 NAME			1,1011	
STREET ADDRESS	<u> </u>				2 3 STREET	ADDRESS			
CITY-ST-ZIP	4514441 (81. 44.444				2 4 CITY-ST-ZIP				
TITLE		<u> </u>		DEFELE	3.1 TITLE		Change Add	ition	
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET	ADDRESS			
CITY-ST-ZIP					3.4 CITY-S	T-7)P			
TITLE				DELETE	4.1 TITLE		Change Add	ition	
NAME					4 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP			···		4.4 CITY- S	- ZiP			
TITLE	☐ DELETE				5.1 TITLE		☐ Change ☐ Add	ition	
NAME					5.2 NAME			-	
STREET ADDRESS					5.3 STREET				
CITY-ST-ZIP				DELETE.	5.4 CITY - ST	- ZIP			
TITLE				DELETE	6.1 TITLE	ŀ	Change Add:	tion	
NAME					6.2 NAME				
STREET ADDRESS					63 STREET	1			
CITY-ST-ZIP	artify that the	a information compli	ad with this files doe	o not qualify for	6.4 CHY-ST	-ZIP	d in Continu 110 07(0)(3) Florida Cutto - + f - +		

I nereby 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.