FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Jun 02 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # G90690 (0)Mailing Adgress Principal Place of Business 409 SE 7TH ST FT LAUDERDALE FL 33301 FT LAUDERBALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 201 02/06/1984 4. FEI Number Applied For 7-16-1 X 26 100 50-ff 59-2431405 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired 201 Fee Regulred City & State 6. Election Campaign Financing \$5.00 May Be 6/ Dlen 23 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible VIA USF 25 29 Personal Property Tax due June 30. Yes ☐ No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Leskar, david W. 81 Name 409 SE 7TH ST Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. Lam famility with land (productions of, Section 607.0505, Florida St pove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE DATE 12. TRS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change \_\_\_ Addition SHEPARD, MURRAY E. NAME 409 S.E. 7TH ST. STREET ADDRESS REEL ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP Y-SI-ZIP VDS TITLE DELETE 2. ☐ Change Addition LESKAR, DAVID W. NAME 409 S.E. 7TH ST STREET ADDRESS 2.3 REFT ADDRESS FT. LAUDERDALE FL 33301 CITY-ST-ZIP TITLE TD OFTEE 3. Change \_\_ Addition **Le**vine, alan s. NAME 409 S.E. ZIH-6T. STREET ADORESS 3. ET. LAUDERDALE FL 33301 CITY-ST-ZIP 7 - \$1 - ZIP TITLE DELETE NAME 700002549757 STREET ADDRESS FET ADDRESS -06/05/98--01098--031 CITY-ST-ZIP -ST-ZIP \*\*\*150,00 DELETE TITLE Change Addition NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP 0 TITLE DELETE 1LE Change Addition NAME ۸MF STREET ADORESS TREET ADDRESS TY-ST-ZIP Thereby certify that the information supplied with this filtre does not qualify for the cindicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receive or trustee empowered to execut Block 12 or Block 13 if chapter or given attackment with an addition omption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information id that my signature shall have the same legal effect as if made under oath; that I am an this report as required by Chapter 607, Florida Statutes; and that my name appears in