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 # G98655 (5)

MICHAEL D. STEWART, P.A.

	FILED
Jan 21	1998 8:00am
Secre	etary of State

Principal Place of Business Mailing Address							
1512 EAST BROWARD BLVD. 1512 EAST BROWARD BLVD.			VD.				
SUITE 200		SUITE 200			DO NOT WOITE IN TUID OR OF		
FORT LAUDERDALE FL 33301 FOR		FORT LAUDERDALE FL 33	FORT LAUDERDALE FL 33301		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 02/13/1984		
2. Prin	cipal Place of Business	2a. Mailing Address			4. FEI Number Applied For		
21		26			59-2373487 Not Applicable		
Suit	e, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City	City & State City & State				6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. 🎜 Yes 🔲 No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
	MCCRORY, J. WALTER		81	Name	me		
	1512 EAST BROWARD BLVD		82	Ot a se	A Address (D.O. Da. N. who is black described)		
	SUITE 200		02	Street	eet Address (P.O. Box Number is Not Acceptable)		
	FT. LAUDERDALE FL 33301		83				
			84	City	85 Zip Code		
44 5	10 TO	00 1007 1500 60 11 60 1			FL 8 25 5000		
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNA	TURE						
	Stonature, typed or printed name of registered a			nt signatui	ature required when reinstating) DATE		
12.	OFFICERS AT	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	•	☐ DELETE	1,1 TITLE		Change Addition		
NAME	STEWART, MICHAEL D.	2 OLUTE 200	1,2 NAME				
STREET A), SUITE 200	1.3 STREET	ADDRESS	SS		
CITY-ST-	ZIP FORT LAUDERDALE FL		1.4 CITY - S	1-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition		
NAME			2.2 NAME				
STREET AL	DORESS		2.3 STREET	ADDRESS	ss		
CITY-ST-	ZIP		2. 4 CITY- 9	IT-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET AL	DORESS		3.3 STREET	ADDRESS	ss		
CITY-ST-			3.4. CITY- S				
TITLE	£11	DELETE	4.1 TITLE	1 - E 0.	Change Addition		
NAME	1		4. 2 NAME				
STREET AL	apprec			ADDRESS	ec		
			4.3 STREET		»		
CITY-ST-	ZIP	DELETE	4.4 CITY - S	I - ZIP	Change T Addition		
TITLE	1	DECEIE	5.1 TITLE		Change Addition		
NAME	ļ.		5.2 NAME				
STREET A	DORESS		5.3 STREET	ADDRESS	SS		
CITY-ST-	ZIP	————	5 4 CITY-S	T- Z IP	And the second s		
TITLE		☐ DELETE	61 TITLE		Change Addition		
NAME			6.2 NAME				
STREET AC	DORESS		6.3 STREET	ADDRESS	ss		
CITY OT	710		e 4 CITY C	310			

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 eath; 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 13 if changed, or on an attachment with an address.

ary/42-6124