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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

KORMAN, SCHORR & WAGENHEIM, P.A.

(7)

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



C/O KORMAN, SCHORR & WAGENHEIM, P.A. 2101 N. ANDREWS AVENUE, SUITE #400 FORT LAUDERDALE FL 33311		C/O KORMAN. SCHORR & WAGENHEIM, P.A. 2101 N. ANDREWS AVENUE, SUITE #400 FORT LAUDERDALE FL 33311			l. P.A. 00	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						06/12/1984			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21		26				59-2416998	N N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	5. Certificate of Status Desired	\$8.75	Additional	
22		27				5. Certificate of Status Desired		beriupei	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zıp	Zip Count			8. This corporation owes or has paid the curr	ent year In	ntangible	
24	25				Personal Property Tax due June 30. Yes No				
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered /	gent		
KO	rman, donald G.			B1	Name				
2101 N. ANDREWS AVENUE, SUITE #400				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	RT LAUDERDALE FL 33311			"	On bot VOOI	1000 (1.0. DOX NOTINOT IS NOT ACCEPTABLE)			
				83	••				
					0.1		11		
				84	City	FL	85 Zip	Code	
11. Pursuant I office or re agent. I as	to the provisions of Sections 607.050 egistored agent, or both, in the State m familiar with, and accept the oblid	02 and 607,1508, Florida of Florida. Such change lations of Section 607.05	Statutes, the a was authorize 05. Florida Sta	bove-r d by th tutes.	named corp he corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing i	its registered s registered	
SIGNATURE			,						
OIGHATORE	Signature typed or printed name of registered ag	ent and lifte if applicable	(NOTE: Registere	d Ageni	signature requir	red when reinstating) DATE			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	D	☐ DELE	TE 1.1 T(TLE			Change	☐ Addition	
NAME	KORMAN, DONALD G.		1.2 N	AME					
STREET ADDRESS	2101 N. ANDREWS AVENUE FORT LAUDERDALE FL		1.3 S		ODRESS				
CITY-ST-ZIP			1.4 0	1.4 CITY-ST-ZIP					
TITLE	D DELETE		E 2.1 TI	2.1 TITLE			Change	Addition	
NAME	WAGENHEIM, RICHARD L.		2.2 N						
\$TREET ADDRESS	2101 N. ANDREWS AVENUE		235	2.3 STREET ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL			2.4 CITY-ST-ZIP				ŀ	
TETLE	D DELETE			3.1 TITLE			Change	Addition	
NAME	SCHORR, STEPHEN A. 32 N					_ •-			
STREET ADDRESS	2101 N. ANDREWS AVE.	•		REET AD	DAFSS				
CITY-ST-ZIP	FT. LAUDERDALE FL			ITY-ST-	ſ				
TITLE		DELET					Change	Addition	
NAME			4. 2 N						
STREET ADDRESS				raeet ad	INDESC				
CITY-ST-ZIP									
TITLE		☐ DELET		TY-\$7-7	LIF		Change	Addition	
NAME		_ 0,,,,	5.1 N				- viidilge	Addition	
STREET ADDRESS					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				REET AD					
CITY-ST-ZIP		☐ DELET		TY-ST-Z	ZIP		Chance-	A dedition -	
TITLE		LJ DELE					Change	☐ Addition	
NAME			6.2 N/						
STREET ADDRESS			6.3 \$1	REET AD	ORESS				
CITY-ST-ZIP			6.4.CI	TY-ST-7	71P				

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 poport 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 tystee emporation in the receiver or tystee emporation in Block 12 or Block 13 if changed or on an attachment with an address.

954-564-4800