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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc

SIGNATURE:

City & State

21

22

23

24

Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H32668

25

URMAN, REUVEN 3720 N 46 AVENUE (6)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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29

9. Name and Address of Current Registered Agent

R. URMAN SERVICES, INC.

rincipal Place of Business	Mailing Address
3720 N 46 AVENUE	3720 N 46 AVENUE
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021

FILED Feb 24 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 12/04/1984

59-2476576

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

HOLLYWOOD FL 33021		**	Street Address (F.C. Dox Nutriber is Not Acceptable)						
			83						
			84	City	FL	85	Zip Co	ode	
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.									
SIGNATURE Signature, typed or proted name of registeric Lagorit and for dupple rible. (NOTE Registered Agent signature required when reinstating). DATE									
12.	OFFICERS AND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS	IN 12	
TITLE	DPS	DELETE	1.1 TITLE			Cha	inge	Addition	
NAME	URMAN, REUVEN		1.2 NAME					[
STREET ADDRESS	3720 N 46 AVE		1.3 STREET	ADDRES:	s l				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST	- ZIP					
TITLE		DELETE	2 1 TITLE			☐ Cha	inge	Addition	
NAME			2.2 NAME					[
STREET ADDRESS			2.3 STREET	ADDRES	s				
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP					
TITLE		DELETE	3.1 TITLE			Cha	nge	Addition	
NAME			3.2 NAME						
STREET ADDRESS			33 STREET	ADDRES	s Å				
CITY-ST-ZIP			3.4. CITY-S	T - ZIP				ĺ	
TITLE		DELETE	4.1 TITLE			Cha	nge	Addition	
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CFTY-ST-ZIP			4.4 CITY-SI	- ZIP					
TITLE		DELETE	5.1 TITLE			Ch	inge	Addition	
NAME			5.2 NAME		· ·			ľ	
STREET ADDRESS			5.3 STREET	ADDRES:	s !				
CITY-ST-ZIP			5.4 CITY - ST	r- ZIP					
TITLE		DELETE	6.1 TITLE			Cha	inge	Addition	
NAME			6.2 NAME					Į	
STREET ADDRESS			63 STREET	ADDRES	s				
CITY-S1-ZIP			6.4 CITY-ST	- ZIP	1			ļ	
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 oath; that I am an officer or director of the corporation or the receiver or fursite 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.									

Country

81 Name

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