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 # H66575 (2)

DAVID G. VINIKOOR, P.A.

FILED
Jan 26 1998 8:00am
Secretary of State

Principal Place	e of Business	Mailing Address		•	: (SECOND BILLS BYING WITH MACHINERY BY)	
% DAVID G. VINIKOOR % DAVID G. VINIKOOR						
420 S.E. 12TH STREET 420 S.E. 12TH STREET					DO NOT WRITE IN TH	(IS SPACE
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316			33316		3. Date Incorporated or Qualified	
					07/15/1985	Ì
Discipal D	i a a f Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
	face of Business	— <u> </u>			59-2560410	Not Applicable
Suite, Apt.	# ata	Suite, Apt. #, etc.				\$8.75 Additional
22 Suite, Apr.	#, e.c.	27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5,00 May Be
23	•	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	✓ Yes ☐ No
27	g. Name and Address of Curr	ent Registered Agent	1,52,		10. Name and Address of New Register	red Agent
AIV	IKOOR, DAVID G.		2	Name		
1	O S.E. 12TH STREET		ļ.	32 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33316		l°	Street Addi	less (F.O. Box (vol) iber is Not Acceptable)	
''	. LAODEI IDACE I E 300 IO		8	33		
}			7	34 City	<u> </u>	85 Zip Code
				' '		-1L '
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	atutes, the abo	ove-named corr	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Fiorida, Such change v ligations of Section 607.050	<i>ras</i> authorized 5. Florida Statu	oy the corporat	ilon's board of directors. Thereby accept the	appointment as registered
1	-					Ĭ
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Registered /	Agent signature requi		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITU	E		" Change Addition
NAME	VINIKOOR, DAVID G.		1.2 NAM	AE.		
STREET ADDRESS	420 S.E. 12TH STREET		1.3 STR	EET ADDRESS		<u></u>
CITY-ST-ZIP	FT. LAUDERDALE FL		1,4 CiTY	/-ST-ZIP		
TITLE		DELETE	2.1 TITL	E		Change Addition
NAME			2.2 NAM	AE		
STREET ADDRESS			2,3 STR	EET ADDRESS		
CITY-ST-ZIP						
TITLE			2. 4 CiT	Y-ST-ZIP	<u></u>	
NAME		DELETE				. Change Addition
STREET ADDRESS		☐ DELETE		E		Change
1		☐ DELETE	3.1 TITL 3.2 NAM	E		Change Addition
CITY_CT_710		☐ DELÉTE	3.1 TITL 3.2 NAN 3.3 STR	LE ME EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	Change Addition
CITY-ST-ZIP		☐ DELETE	3.1 TITL 3.2 NAM 3.3 STRI 3.4. CIT	E ME EET ADDRESS Y-ST-ZIP		Change Addition
TITLE			3.1 TITL 3.2 NAM 3.3 STRI 3.4. CIT	E AE EET ADDRESS Y-ST-ZIP E		
TITLE NAME			3.1 TITL 3.2 NAM 3.3 STRI 3.4. CIT 4.1 TITL 4.2 NAI	E ME EET ADDRESS Y-ST-ZIP E ME		
TITLE NAME STREET ADDRESS			3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI	E AE EET ADDRESS Y-ST-ZIP E ME ME EET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITN	E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.		
ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE			3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITN 5.1 TITL	E ALE ADDRESS Y-ST-ZIP E MME MEET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CIT) 5.1 TITL 5.2 NAM	E AE AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME E		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	3.1 ITIL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 ITIL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 ITIL 5.2 NAM 5.3 STRI	E AE EET ADDRESS Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT) 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITM	E AE		Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.1 ITIL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 ITIL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITIL 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITIL	E AE EET ADDRESS Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E		Change Addition Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 ITIL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 ITIL 4.2 NAM 4.3 STRI 4.4 CITO 5.1 TITIL 5.2 NAM 5.3 STRI 5.4 CITO 6.1 TITIL 6.2 NAM	E AE EET ADDRESS Y-ST-ZIP E E EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E		Change Addition Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

CITY-SY-ZIP