## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

J26452

(9)

FILED Jul 22 1998 8:00am Secretary of State

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Principal Place of Business		Ma	Malling Address				<del> </del>	( 816)) B16)) IDDA		
27 N.E. 1ST A	VE			N.E. 1ST AVE.						
POMPANO BEACH FL 33060				POMPANO BEACH FL 33060						
							DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified		
2 Principal E	Place of Busi		1 22	Mailing Address				07/28/1986		
2. Principal Place of Business			Ε	2a. Mailing Address					pplied For	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					lot Applicable Additional	
22			27	27				5. Certificate of Status Desired	Required	
City & State				City & State					May Be	
23			28	28					to Fees	
Zip		Country		Zip	Cor	untry		8. This corporation owes or has paid the current year In	tangible	
24		25	29		30			Personal Property Tax due June 30. Yes	No	
		and Address of Cu	rrent Regist	tered Agent		-	r-1	10. Name and Address of New Registered Agent		
	abert, ar					81	Name			
27 N.E. 1 AVENUE							Street Addr	dress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33060										
						83				
						84	City	85 Zip	Code	
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i onice or	Tedistared a	dent oroom in the S	State of Florid	ia. Such change wa	E AUTHORIZA	an hu	the cornerate	ration submits this statement for the purpose of changing its re on's board of directors. I hereby accept the appointment as re	egistered egistered	
	am familiar u									
agent. r.	ann ranning. v	n, and accept the o	bligations of		Florida Sta	itutes		*		
SIGNATURE		win, and accept the o	her	fre	Florida Sta	ent				
		or printed name of registered	her	applicable.	Florida Sta	tered A		uired when reinstaling) DATE		
SIGNATURE		or printed name of registered	d agent and little if	applicable. CTORS	Florida Sta NOTE Registr	etutes tered As		uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12	
SIGNATURE	Signature, typed	or printed name of registered	d agent and little if S AND DIREC	applicable.	Florida Sta  (NOTE Registr	tered As		uired when reinstaling) DATE		
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14. I hereby 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 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.

CICNATUDE.

7/14/36

954-9421250