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

FILED May 08 1998 8:00am Secretary of State

L .		# J30537 SERVICE AGENTS		(1)						Pieli Dibil Bibli	8 7831 1881
Principal Plac	na of Rueinae		Mailing Add	1000				\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
		5	-	_							
C/O BURT E. REDLUS C/O BURT E. REDLUS 19 W. FLAGLER ST., #711 19 W. FLAGLER ST., #711					1						
				AMI FL 33130			_	DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
A B (-) (-)			12					08/27/1986	···-		
2. Principal Place of Business			2s. Mailing Address					4. FEI Number		—— <u> </u>	plied For
Suite, Apt. #, etc.			Suite. An	Suite, Apt. #, etc.				65-0037295		\$8.75 A	t Applicable
22			27				5. Certificate of Status Desired		Fee Re		
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	
23			28			[.	Trust Fund Contribution		Added t		
Zip		Country	Zip		Country	у		8. This corporation owes or has pa	id the cur	rent year Inta	angible
24	25 29							Personal Property Tax due June			
		and Address of Curren	t Registered Age	onl	81	T Name	1	0. Name and Address of New Re	gistered.	Agent	
	olus, Bur				*'	Name					[
	W. FLAGLE		Ì			Address	ddress (P.O. Box Number is Not Acceptable)				
MIA	AMI FL 3313	30			83	 			 		
•					84	City			FL	85 Zip 0	Code
11. Pursuant	to the provis	ions of Sections 607.050	2 and 607,1508, F	Iorida Statute	es, the abov	re-named	corporal	tion submits this statement for the p	ourpose of	changing its	s registered
office or agent. I a	registered ag am familiar wi	gent, or both, in the State ith, and accept the obliga	of Florida. Such o tions of, Section (change was a 607.0505, Flo	uthorized b orida Statute	y the corp s.	ooration's	s board of directors. I hereby accept	ot the app	ointment as	registered
SIGNATURE	Cloneture tuned	or printed name of registered age	et aud tille il englicable	(B)(2)2	: Registered Ag	ont element sto	annuland ud	non rejectation	DATE		
12.	Signature, types	OFFICERS AN		lia())(13.	on signature	INDUING W	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
TITLE	PD			DELETE	1.1 TITLE					Change	Addition
NAME		MICHAEL.			1.2 NAME	1]
STREET ADDRESS 9350 S. DIXIE HWY #1580			1.3			1.3 STREET ADDRESS					j,
CITY-ST-ZIP	MIAMI F	L			1.4 CITY~	ST-ZIP					
TITLE	VP			DELETE	21 TITLE					Change	Addition
NAME		CYNTHIA			2.2 NAME	ĺ					
STREET ADDRESS	1 -	DIXIE HWY #1580			2.3 STREET	FADDRESS					
CITY-ST-ZIP	MIAMI F	<u>L</u>		T - 17 - 27 - 27	2. 4 CITY-	ST-ZIP					
TITLE	T DES.	040015	Ĺ	DELETE	3.1 TITLE	Į				Change	L Addition
NAME		, CAROLE			3 2 NAME						
STREET ADDRESS		LAGLER ST., #711				T ADDRESS					
CITY-ST-ZIP	MIAMI FI	<u> </u>		DELETE	3.4. CITY-	ST-ZIP				Change	Addition
TITLE	S Redlus	DUDT	L	J DECEME	4.1 TITLE	!				Cuante	L Addition
NAME STREET ADDRESS		, buni LAGLER ST., #711			4. 2 NAME	AODRESS					i
	MIAMI FI				1	ì					
CITY-ST-ZIP	INIT THE			DELETE	4.4 CITY-1	21 - FIL				Change	Addition
NAME]		•		5.2 NAME	ł					
STREET ADDRESS	}				1	T ADDRESS					1
CITY-ST-ZIP					5.4 C(TY-5						
TITLE				DELETE	6.1 TITLE			- 		Change	Addition
NAME					6.2 NAME]					
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-ST-ZIP	1				6.4 CITY-3	ST-ZIP]

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 of 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 dissipation of the receiver or dissipation in all accurate and that my name appears in Block 12 or Block 13 if changes, of an in attachment with an indicates.