## 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 #** 

J47991

(1)

Principal Place 3860 W COM	Mailing Address ATTENTION ARTHUR SI 3860 W COMMERCIAL I				DO NOT WRITE IN THIS SPACE			
		US	309-3320			3. Date Incorporated or Qualified 12/19/1986	SPACE	
2. Principal F	Place of Business	2e. Mailing Address 26				4. FEI Number 59-2754875	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired     Sa.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cur		
24	25	29	30				Yes	□ No
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
	'ONE, ARTHUR 60 W. COMMERCIAL BLVD.			82				
	ORT LAUDERDALE FL 33309				Street Addre	ss (P.O. Box Number is Not Acceptable)		
				83				
			•	84	City	FL.	85	Zip Code
office or agent. I a SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or profed name of registered					oration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointmen	t as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DP	☐ DELETE	1.1 7(7	TLE			Chai	nge 🔲 Addition
NAME	STONE, ARTHUR		1.2 NA			•		
STREET ADDRESS	60 ISLE OF BAHIA DR.				IDDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL	1 Driese		TY-ST	- ZIP		I I Char	ago Addition
TITLE		☐ DELETE	2.1 TiT				Chai	nge Addition
NAME CIRCET ADDRESS			2.2 NA		ADDRESS			
STREET ADDRESS CITY-ST-ZIP			2.4 0			•		
TITLE		DELETE	3.1 TIT		4.11		[] Chai	nge
NAME		<del>-</del>	3.2 NA				_	
STREET ADDRESS					LODRESS			
CITY-ST-ZIP			3.4. CI		l.			
TITLE		☐ DELETE	4,1 111				Chai	nge Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 \$1	REET A	NDDRESS			
CITY-SI-ZIP			4.4 CI	TY-ST	· ZIP			
TITLE		☐ DELETE	5.1 317				Chai	nge 🔲 Addition
NAME			5.2 NA	ME				•
STREET ADDRESS			5.3 \$T	AEET A	VODRESS			
CITY+ST-ZIP		**** ***** *** * * * *****		TY-ST	- ZIP	<u> </u>	·	· • · · · · · · · · · · · · · · · · · ·
TITLE	1	☐ DELETE	6.1 10	TLE .			Chai	nge 🔲 Addition

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 suppliemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 so any attachment with an oddress.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Methy O. Stone

CR2E034 (10/9)

**FILED** 

Mar 11 1998 8:00am

Secretary of State