*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 #

151

	. Way shopping plaza, in					
Principal Place	e of Business	Mailing Address			1 1051110 0101 01(4) 11310 11000 11(4) 1101 01311 01311 01311 01311 01311 01311 01311	
2601 S. BAYSHORE DR. 2601 S. BAYSHORE SUITE 1425 SUITE 1425 MIAMI FL 33133 MIAMI FL 33133			DR. 250		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
♠ Delegie al D	leas of Ducin	Land Marketon			01/05/1987	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			59-2754462 Not Applicate \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State	6	City & State	-		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
FR	EEMAN, ROBERT A. P.A.			81 Name	е	
260	01 & Bayshore DR Suite 7428	1250		82 Street	et Address (P.O. Box Number is Not Acceptable)	
MIA	AMI FL 33133		[
				83		
				84 City	■■ 85 Zip Code	
			}		FL]]	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation.	and 607.1508, Florida Statut of Florida: Such change was ions of, Section 607.05 <mark>05, Fl</mark>	es, the at authorized orida Stat	oove-named I by the corp utes.	ed corporation submits this statement for the purpose of changing its registere progration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	AIOT	F. fts sistance		uro required when reinstating) DATE	
12.	OFFICERS AND		13.	Ageni signaturi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 III	LE	Change Addition	
NAME	GOULD, ESTELLE	_	1.2 NA			
STREET ADDRESS	x7650xPONGEXDEXTRONKADX	2601 S. Baysh			s	
CITY-S1-ZIP	MIAMI FLX38148 33133	Dr. 1250		TY-ST-ZIP		
TITLE	VAS	DELETE	2.1 10		☐ Change ☐ Additi	
NAME	FREEMAN, ROBERT A.		2.2 NA			
STREET ADDRESS	2601 S. BAYSHORE DR. NAME	% 1250	1	reet address	s	
CITY-ST-ZIP	MIAMI FL 33133	A 1250	1	TY - ST - ZIP		
TITLE	VS	DELETE	3.1 717		Change Addition	
NAME	MCCALLUM, CATHIE ELLEN		3.2 NA	ME		
STREET ADDRESS	XM5x & & 257H XR 2601	S. Bavshore		REFT ADDRESS	3 (
CITY-ST-ZIP	MIAMI FL 33129 x 33133	Dr. 1250		TY-ST-ZIP		
TITLE		DELETE	4.1 Til		Change Additi	
NAME			4. 2 N/	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS	s	
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP	<u> </u>	
TITLE		DELETE	5.1 TIT	LE	☐ Change ☐ Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	reet address	ş	
CITY-ST-ZIP		: -	5.4 CH	Y-ST-ZIP		
TITLE		DELETE	6.1 717	Lf	Change Addition	
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS	6	
CITY-ST-ZIP				Y-ST-ZIP		
14. I hereby of indicated officer or of Block 12 of	pertity that the information supplied with on this annual report or supplemental director of the corporation of the record or Block 13 if changed or plyal attack	n this filing does not qualify for annual report is true and account of trusted employeed to make the without	or the execute the second of t	mption state i that my sig nis report as	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in	

4/15/98 (305) 050-2242

FILED

May 04 1998 8:00am

Secretary of State