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PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

J53682

(7)

FILED Apr 07 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 1686 KENNEDY CAUSEWAY 705 CAPITAL BANK BLDG. NORTH BAY VILLAGE FL 33141-196 US 2. Principal Place of Business 2. Mailing Address 2. Mailing Address			LDG.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1987	
2. Principal P	Tace of business	26. Maining Address		4. FET Number 59-()686994	Applied For Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · ·		¢0.75
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	lo	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	_ ` _ `
24	25 9. Name and Address of Curre	29 29 Agent	[30]	Personal Property Tax due June 30 10. Name and Address of New Regi	
166 NO	05 Capital Bank Bldg. 98 Kennedy Causeway 1977 Bay Village Fl 33141		82 Street Add 1666 83 Suite		
		02 and 607 1508. Horida Sta	atutes, the above-named corr	novation submits this statement for the pur	mose of changing its registered
office or r agent. I a SIGNATURE	registored agont, or both, in the State am familiar with, and accept the oblig Signature typod or professionane of registerial agont.		atutes, the above-named corporates as authorized by the corporates. Florida Statutes. NOTE Registered Agent signature requirements	Pay Village poration submits this statement for the pur tion's board of directors. I hereby accept	pose of changing its registered the appointment as registered
12.	Signature, typed or printed name of regularing ag OF FICERS AN	gent and title if applicable (I ND DIRECTORS	NOTE Registered Agent signature requ		DATE RS AND DIRECTORS IN 12
12.	Signature, typed or printed name of registeric ag OFFICERS AN	gent and title if applicable (I	NCTE Registered Agent signature required. 13. 1.1 TITLE	ired when reinstating)	DATE
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registerical ag OFFICERS AN DP FRANK, ROBERT R. 1666 KENNEDY CAUSEWAY	gent and title if applicable (I ND DIRECTORS	NOTE Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	DATE RS AND DIRECTORS IN 12
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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 is charged, or on an attachment with an address.

(Robert R. Frank)

4/1/98

(305) 868-4711