## 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 #

J65359

(8)

Feb 27 1998 8:00am Secretary of State

**FILED** 

Suite, Apt. #, etc    Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Status   St		E INC.							
Principal Place of Business \$31\$ E.AS OLAS BLYD FT. LAUDERDALE FL 33301 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 04/03/1987  2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc 3. Date Incorporated or Qualified 04/03/1987  2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 04/03/1987  2. Principal Place of Business 2. FEI Number Suite, Apt. #, etc 3. Date Incorporated or Qualified 04/03/1987  Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc 3. Date Incorporated or Qualified 04/03/1987  Applied For Not Applied For Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc 3. Date Incorporation Status Desired Status Desired Status Desired For Required 48.75 Additional Fee Required 22 City & State 23 Country 24									
FT. LAUDERDALE FL 33301 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified Q4/03/1987  4. FEI Number Applied For Suite, Aprl. M. etc 26. Suite, Aprl. M, etc 27. City & State City & State 28. Vari Country 29. Suite, Aprl. M, etc 29. Suite, Aprl. M, etc 29. Country 29. Suite, Aprl. M, etc 29. Country 20. Suite, Aprl. M, etc 29. Suite, Aprl. M, etc 29. Suite, Aprl. M, etc 20. City & State 29. Suite, Aprl. M, etc 20. Suite, Aprl. M, etc 20. Country 20. Suite, Aprl. M, etc 21. Country 22. Suite, Aprl. M, etc 22. Suite, Aprl. M, etc 23. Country 24. Suite, Aprl. M, etc 26. Country 26. Country 27. Country 28. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Tolk Yes Suite Personal Property Tax due June 30. Tolk Yes Suite 10. Name and Address of New Registered Agent ASHCRAFT, WILLIAM E. 2738 N.E. 19TH ST FT. LAUDERDALE FL 33305  82. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes  82. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes  82. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes  82. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 florida Statutes  83. Signature Suparting the or predictions of systems agent the obligations of, Section 607.0505, Florida Statutes  12. OF I CERANEY JR  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. PO  15. HARKELL, C REANEY JR  16. City Signature  16. Election Campaign Financing  17. Population of Statutes  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Name  19. Change JAdditional Provisions of Section 10. Part Jadditional Provisions of Section 10. Part Jadditional Provisions of Section 10. Pa	Principal Plac	ce of Business	Mailing Address						II WIBH INGI
3. Date Incorporated or Qualified 04/03/1987  2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2c. Mailing Address  2c.	FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301					DO NOT WELL			
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. 4. FEI Number 4. FEI Number 5. Suite, Apt. #, etc 5. Certificate of Status Desired	υs		US		L.	<del></del>		PACE	
21						04/03/1987			
Suite, Apt. #, etc    Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Suite, Apt. #, etc   Status		Place of Business	—,		1				<del></del>
City & State   Country   Zip   Country   Zip   Country   Zip   Country   Country   Country   State   City   Country   State   City   State   City   State		L A DIO				65-0001717			
Zip   Country   S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	22		[27]					Fee Re	quired
Zip	City & Sta	ate .	l ∵n		- 1				
24 25 29 30 Personal Property Tax due June 30.	7/0	Country	· · · • · · · · · · · · · · · · · · · ·	Country					
9. Name and Address of Current Registered Agent  ASHCRAFT, WILLIAM E. 2736 N.E. 19TH ST FT. LAUDERDALE FL 33305  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolb, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I arn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature Include Product name of registered agent and the diagnated to the CORS IN 12 IT IT IT.  PD DELETE INTILE  PD Change Additional Change Chan		<b>├</b> ~¬	h1	}	'		-		
ASHCRAFT, WILLIAM E. 2738 N.E. 19TH ST FT. LAUDERDALE FL 33305  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  OF LICE HS AND DIFFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD GRANEY JR  11. TITLE PD Change Additional Control of the product of t				[30]	16	7			7 140
FT. LAUDERDALE FL 33305  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arn familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature  OFFI ICE HS AND DIFFE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  HASKELL, C REANEY JR  11. TITLE  L DELETE  11. TITLE  NAME		SHCRAFT, WILLIAM E.		81 Nan					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature  OF LICE HS AND DIFFE CLORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  HASKELL, C REANEY JR  11. TITLE  L DELETE  11. TITLE  NAME				<b>82</b> Stre	et Address	(P.O. Box Number is Not Accepta	able)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature:  Sig	, r	I. LAUDENDALE FL 33303		83		· · ·			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I arn familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature Signature bysed or protect name of registered agent and the if applicable. (NOTE Higistered Agent signature required when reinstating)  DATE  12. OF LICE HS AND DIRECTORS IN 12  TITLE  PD  HASKELL, C REANEY JR  12. NAME  12. NAME				B4 City		<del></del>		85 Zip (	Code
SIGNATURE Signature: typed or product range of registered agent red title if applicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  HASKELL, C REANEY JR  12. NAME  12. NAME	ļ			1 1				,	
SIGNATURE Signature: bysed or prodect raine of registered agent and title if signature.  12. OF LICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD HASKELL, C REANEY JR 12 NAME  12 NAME	office or	t to the provisions of Sections 607.050 reigistered agent, or both, in the State	/2 and 607.1508, Florida Statu · of Florida. Such change was	ites, the above-nam authorized by the c	ed corporat orporation's	ion submits this statement for the s board of directors. I hereby acco	purpose of c ept the appoi	changing it: intment as	s registered registered
Signature bysed or product raine of recyclined agent and the if applied able (NOTE Bigistered Agent signature required when reinstating) DATE  12. OF LICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD			ations of, Section 607.0505, F	lorida Statutes.					
12. OF LICE HS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE  HASKELL, C REANEY JR  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additional Change Chang	SIGNATURE	Signature, typed or protect name of registered age	intend the if applicable (NC	The Hugistered Agent signa	ture required wh	ven (einslating)	DATE		
NAME HASKELL, C REANEY JR	12.	OFFICERS AN						DIRECTOR	S IN 12
AE44 E LAC ALAC DIAM	TITLE	1	DELETE	1.1 TITLE			L	Change	Addition
FERRET ADDRESS   2513 F. LAS OLAS BLVD	NAME			1.2 NAME					
FORT LAUDEONALE EL	STREET ADDRESS	1 2513 E. LAS OLAS BLVD.							
TABLE TO THE PARTY OF THE PARTY	SINICE ADDRESS			1.3 STHEET ADDRES	is				
HACKELL LAUDA	CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP	ss		··		
DE42 C LAC DIAC DIVID	CITY-ST-ZIP TITLE	FORT LAUDERDALE FL VPST	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	SS		τ	Change	Addition
EODT I MIDCODALE EL	CITY-ST-ZIP TITLE NAME	FORT LAUDERDALE FL VPST HASKELL, LAURA	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME			τ	Change	Addition
2.7011 01 21	CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD.	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES				Change	Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL VPST HASKELL, LAURA		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP				•	
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD.	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST - ZIP 3.1 TITLE				Change	☐ Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL		1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME	ss			•	
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL		1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES	ss			•	
NAME 4.2 NAME	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY - ST- ZIP	ss		[	☐ Change	
STREET ADDRESS 4.3 STREET ADDRESS	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY - ST- ZIP 4.1 TITLE	ss		[	☐ Change	☐ Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME	55		[	☐ Change	☐ Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES	55			☐ Change	☐ Addition
NAME 5.2 NAME	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY - ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY - ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY - ST- ZIP	55			☐ Change	☐ Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY - ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY - ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY - ST-ZIP 5.1 TITLE	55			☐ Change	☐ Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES	SS SS SS			☐ Change	☐ Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP	SS SS SS			☐ Change ☐ Change ☐ Change	Addition  Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP 6.1 TITLE	SS SS SS			☐ Change	☐ Addition
CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL VPST HASKELL, LAURA 2513 E LAS OLAS BLVD. FORT LAUDERDALE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRES 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRES 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRES 5.4 CITY-ST-ZIP	SS			☐ Change ☐ Change ☐ Change	Addition  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 supplemental across from an 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 altachment with an address.

SIGNATURE:

Laura Haskell-

2/23/98

(954)523-7461

CR2E034 (10/97)