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 # J80745 (9) ETH-MAR ENTERPRISES, INC.									* 488/418 848/ 1804 88/4/ 88/4			821 81 8 11 1881
Principal Phone of Principals												
Principal Place of Business * ETHEL WEXLER 23108 L ERMITAGE CIR. BOCA RATON FL 33433				Mailing Address % Ethel Wexler 23108 L ERMITAGE CIR. BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
_	Principal Place of Business 2a. Mailing Address								06/26/1987			
21	Timelpartiace of admines			26 Maning Address				4. FEI Number		⊢	pplied For	
۳,	Suite, Apt. #, etc.				Suite, Apt. #, etc.				59-2825754			Additional
22				27				5. Certificate of Status Desire	ed 🔲		tequired	
	City & State			City & State				6. Election Campaign Finance	ing	\$5.00	May Be	
23				28	,-				Trust Fund Contribution		Added	to Fees
24	Zip		Country 25	Zip		Country	1		8. This corporation owes or t			
24		a Name	and Address of Curren	29 It Registered Agent	30	<u>'</u>			Personal Property Tax due 10. Name and Address of N			No No
WEXLER, ETHEL 23108 L ERMITAGE CIR. BOCA RATON FL 33433							Name Street City		ss (P.O. Box Number is Not Acc	eptable)		Code
	SNATURE	٠. ع	ions of Suctions 607.050, lent, or both, in the State in, and accept the obliga- or printed name of registered after	$A \wedge A \wedge$					ration submits this statement fon's board of directors. I hereby	the purpose accept the a	of changing in the original pointment as	its registered s registered
12			OFFICERS AND			13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TΠL		D		☐ DELE	:TE	1.1 TITLE		VF	new WEXLER		Change	Addition
NAM			R, ETHEL			1.2 NAME		7/1/	RTIN WEKLER 108 L'ERMITAGE A RATON, FL	CIRC	LE	
	EET ADDRESS (-St-Zip		ERMITAGE CIR. IATON FL			1.3 STREET		231	A RAMINITE	2/22	•	
TITL		<u>yo</u> on n	MIDITE	DELE	TE	1.4 CITY - S 2.1 TITLE	I-ZIP	1000	EA WATON, FC	77177	Change	Addition
NAN	4E				_	2.2 NAME						
STR	EET ADDRESS					2.3 STREET	ADDRESS					
CIT	-ST-ZIP					2. 4 CITY-5	ST-ZIP					
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NAN	IE .					3.2 NAME						
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	'-ST-ZIP			T losis	7.5	3.4. CITY - 5	1-2IP					
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	-ST-ZIP					4.3 STREET						
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NAM	i					5.2 NAME	İ				□ onange	Addition
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	-ST-ZIP					5.4 CITY-S						
TITL				DELE	TE	6.1 THTLE					Change	Addition
NAN	E				ſ	6.2 NAME					-	
STREET ADDRESS						6.3 STREET	ADDRESS					
CITY	-ST-ZIP					64 CITY-ST	7.710					

6.4 CITY-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 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 if changed, or on an attachment with an address.

Se MI) ally 1 (-0x 5/43011)

FILED

Jan 20 1998 8:00am

Secretary of State