## 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

**FILED** Apr 30 1998 8:00am Secretary of State

City & State  Ci	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees ear intangible
Principal Place of Business   Malling Address   ASO N. FEDRAL HWY.   FT. LAUDERDALE FL 33308   FT. LAUDERDALE FL 33308   PT. LAUDERDALE FL 33308	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees ear intangible
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FT. LAUDERDALE FL 3309  FT. LAUDERDALE FL 3309  FT. LAUDERDALE FL 3309  2. Principal Place of Business 2. Mailling Address 2. Principal Place of Business 2. Mailling Address 3. Date Incorporated or Qualified 10/16/1987  4. FEI Number 65-0007895  Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Cellicate of Status Desired 55-0007895  S. Certificate of	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees ear Intangible
2. Principal Place of Business   2a. Mailing Address   4. FET Number   3. Date Incorporated or Qualified   10/16/1987   4. FET Number   65-0007895   5. Certificate of Status Desired   \$1 22 23 25 26 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Applied For Not Applicable .75 Additional ee Required 5.00 May Be dded to Fees ear Intangible
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2. Malling Address 4. FEI Number 65-0007895  Suite, Apt. #, etc.	Not Applicable  .75 Additional ee Required  5.00 May Be dded to Fees ear Intangible
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City & State 23  City & State 25  City & Country 26  27  28  Country 27  29  Country 28  30  Country 29  30  Country 29  30  Country 29  30  Country 30  10. Name and Address of Current Registered Agent 30. Name and Address of Current Registered Agent 31. Name 32826 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306  81  82  Street Address (P.O. Box Number is Not Acceptable)  FT. LAUDERDALE FL 33306  83  84  City 51  City 61  City 62  City 62  City 63  City 63  City 63  City 63  City 64  City 65  Ci	5.00 May Be dded to Fees ear Intangible
28   28   29   30   20   30   30   30   30   30   30	ear Intangible
Zip	ear Intangible
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BULFN, BOB 2826 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306  11. Pursuant to the provisions of Sections 607 05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chard 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 appointmental agent agent to the provisions of Sections 607 05:02 and 607.1508, Florida Statutes.  SIGNATURE  Signature, byted or profed name of registered agent agent and their inspirative (NOTE Registered Agent signature required when reinstaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SIRRET ADDRESS GIVEN ST. 2P  TITLE  BEE, DAVID R. 4520 N. FEDERAL HWY. FT. LAUDERDALE FL  DELETE  1.1 TITLE  1.2 TITLE  1.2 TITLE  1.4 CITY-ST-2P  TITLE  1.4 CITY-ST-2P  TITLE  1.5 TITLE  2.2 NAME  3.3 SIRRET ADDRESS GIV-ST-2P  TITLE  3.1 TITLE  3.2 NAME  3.3 SIRRET ADDRESS GIV-ST-2P  TITLE  3.3 NAME  3.3 SIRRET ADDRESS GIV-ST-2P  TITLE  4.4 LITTLE  4.4 LITTL	
2826 E. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 Street Address (P.O. Box Number is Not Acceptable)  85 Street Address (P.O. Box Number is Not Acceptable)  86 Street Address (P.O. Box Number is Not Acceptable)  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable in the Information of Informati	
### City ####   ##############################	
### City ####################################	
11. Pursuant to the provisions of Sections 607 05.02 and 607 15.08. Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appointr agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, byind or prefer agent and tike if registered agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  BEE, DAVID R.  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  3.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  4.2 NAME	
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appointmagent. I am familiar with, and accept the obligations of, Section 607 05:05, Florida Statutes.  SIGNATURE  Signature, bried or profession agent and the if epistrable. (NOTE Registered Agent signature required when reinstating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. STREET ADDRESS  OFF. LAUDERDALE FL. 1.3 TITLE  DELETE 1.1 TITLE  DELETE 2.1 TITLE  LOCAL STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 3.1 TITLE  AMME  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 4.1 TITLE  AMME  4.2 NAME  4.2 NAME  4.2 NAME	
11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of char 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 appointmagent. I am familiar with, and accept the obligations of, Section 607.05:05, Florida Statutes.  SIGNATURE  SIG	Zin Codo
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 appointing agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/	Zip Code
SIGNATURE Signature, typied or profess name of registros agoid and the if applicable (NOTE, Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  TITLE  D  BEE, DAVID R.  4520 N. FEDERAL HWY.  5TREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  DELETE  1.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  3.3 STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  ALCITY-ST-ZIP  TITLE  DELETE  3.2 NAME  3.3 STREET ADDRESS CITY-ST-ZIP  TITLE  AMME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME  4.2 NAME	ging its registered
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Signature, typed or product name of registance agent and title if registants   NOTE - Registered Agent signature required when reinstalling)   DATE	
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City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 6.4 City-St-ZiP 1.4 Thereby certify that the information symplect with this filling does not qualify for the examption stated in Section 119 07(3)(i). Florida Statutas I further certify the control of t	nange Addition

Interest certify that the information supplied with this time does not quality 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change), or on an attackment with an address.

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