## 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 # K05955

(5)

MELVIN S. LANDOW & ASSOCIATES, INC.

Principal Place of Business

3201 S OCEAN BLVD

APT 501

Mailing Address 3201 S OCEAN BLVD APT 501

**FILED** Feb 05 1998 8:00am Secretary of State



HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified			
		_	12/09/1987			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
1 5491 Steeple cha	SC 26 5497 JECPLE	echase	65-0007436	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State  Rafon Fc	City & State 28 50 Ca Rafo	N FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 24 33496 25 /a LM/	54 29 33496 30 1	Pacy Bch	This corporation owes or has paid the cu     Personal Property Tax due June 30.	irrent year Intangible  Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
LANDOW, MELVIN S.		81 Name				
5497 STEEPLECHASE BOCA RATON FL 33496		82 Street Address (P.O. Box Number is Not Acceptable)				
		83				
		84 City	FI	85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S</li> </ol>			ration submits this statement for the purpose on's board of directors. I hereby accept the ap-			

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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
0.0	Signature, typed or printed name of registered agent and title		Registered Agent signature		DATE			
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICE				
TITLE	PST	DELETE	1.1 TITLE		Change	Addition		
NAME	LANDOW, MELVIN S.		1.2 NAME					
STREET ADDRESS	3201 S. OCEAN BLVD #501		1.3 STREET ADDRESS	5407 Steeple Chas	æ	-		
CITY-ST-ZIP	HIGHLANDS BEACH FL 33487		1,4 CITY-ST-ZIP	5497 Steeple Chas	<del>3</del> 3496	ļ		
TITLE	VP	DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME	LANDOW, ALAN		2.2 NAME			Ì		
STREET ADDRESS	10129 CARRINGTON COURT		2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP					
TITLE		☐ DETELE	3.1 TITLE		☐ Change	Addition		
NAME			3.2 NAME			ì		
STREET ADDRESS			3.3 STREET ADDRESS			J		
CITY-ST-ZIP			3.4. CITY - ST - ZIP	<u> </u>				
TITLE		DELETE	4.1 TITLE		Change	☐ Addition		
NAME ]			4. 2 NAME			ĺ		
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP	·				
TITLE		☐ DELETE	5.1 TITLE		L Change	Addition		
NAME			5.2 NAME			)		
STREET ADDRESS			5.3 STREET ADDRESS			ĺ		
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME			1		
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP			i		

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 a address.

SIGNATURE: