## 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 #

(5)

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**FILED** 

Apr 27 1998 8:00am

Secretary of State

SOUTH Principal Place 4380 PETERS		Mailing Address 4360 PETERS ROAD	<del></del>			
FT LAUDERD	ALE FL 33317	FT LAUDERDALE FL 333	117			
US		US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal P	face of Business	2a. Mailing Address				01/04/1988 4. FEI Number Applied For
21		26	<del>  </del>			65-0020662 Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				SR 75 Additional
22		27	27			5. Certificate of Status Desired Fee Required
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	<sub>1</sub>	Zip Country			8. This corporation owes or has paid the current year Intangible
24	25] 9. Name and Address of Curre	29	30			Personal Property Tax due June 30.  Yes No 10. Name and Address of New Registered Agent
\/E/	NIS, HARRY	sitt trogrotorou rigorit		81	Name	ty, radio and Address of the Hogistolog Agent
	55 EAST SQUARE BLVD					
	NTHOUSE NORTH			82	Street Add	Idress (P.O. Box Number is Not Acceptable)
	LAUDERDALE FL 33304			83		
• •					0.1	les   7: 0:
				84	City	FL 85 Zip Code
SIGNATURE	Signature, typicd or printed harms of registered a					orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered accept the appointment as registered accept the appointment as registered.  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.11	TIF	<sub> </sub>	Change Addition
NAME	VENIS, HARRY		1.2 N			
STREET ADDRESS 2455 EAST SUNRISE BLVD			13 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL			1.4 C	ITY-S	T - 7IP	
TITLE		☐ DELE <b>TE</b>	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		DECETE			ST-ZIP	Change Land Street
TITLE NAME		☐ DELETE	3.1 TI			L Change  Addition
STREET ADDRESS			3.2 N		ADDRESS	
CITY-ST-ZIP			1		ST-ZIP	
TITLE		☐ DELETE	4.1 Ti		21 &11	☐ Change ☐ Addition
NAME			4,21	IAME		. —
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP		·	4.4 C	IY-S	1-ZIP	
TITLE		☐ DELETE	5.1 TI	TLE	ĺ	Change Addition
NAME			5.2 N		]	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 C	TLE	T-ZIP	Change Addition
NAME		had Dittie	6.2 N			C Orlange
STREET ADDRESS			- 1		ADDRESS	
CITY-ST-ZIP			4	ITY-S'	Į.	
	ertify that the information supplied	with this filing does not qualify f				in Section 119.07(3)(i), Florida Statutes, I further certify that the information
indicated officer or o Block 12 o	on this annual reportor supplement director of the real yylation or the re- or Block 13 if dhayyyd, or on an att	ity annual report is true and ac- cylver or trustee empowered to achment with an address.	curate an execute l	d tha this r	at my signat report as rec	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath, that I am an equired by Chapter 607, Florida Statutes; and that my name appears in