FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # K30250

(0)

Secretary of State

FILED

Jan 28 1998 8:00am

Principal Place of Business 4352 S. UNIVERSITY DR. DAVIE FL 33328 US Mailing Address 9135-D SW 20TH PLACE FT. LAUDERDALE FL 33324 US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/28/1988				
2. Principal P	2a. Mailing Address					4. FEI Number			oplied For	1	
Suite Apt	# ata	Suite, Apt. #, etc.					<u>65-0086174</u>			ot Applicable	<u></u>
22	π, σιο.	27				l	5. Certificate of Status Desired	□ . `	•	Additional equired	
City & State	9	City & State					5. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		May Be	7
23		28					Trust Fund Contribution			to Fees	╛
Zip	Country	Zip Coun				8. This corporation owes or has paid th			' _ '		
24	25 9. Name and Address of Curr	29 Pagistered Agent	30	1			Personal Property Tax due June 30 0. Name and Address of New Regis			_] No	-
REG	RRY, WVIEN V.	aur uadistaten Wattr		81	Name	·	U. Name and Address of New Regi	itereu Age	,mt		\dashv
	S-D SW 20TH PLACE			82	0						4
	TE 226				Street Ad	et Address (P.O. Box Number is Not Acceptable)					ı
	LAUDERDALE FL 33324			83							7
				84	City				Zip (Code	┨
			.								
office or re agent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Stgnature, typed or printed name of registered in	ate of Florida. Such change was ligations of, Section 607.0505, Florida.	authorize orida Stat	d by utes	the corpor	ration's	ion submits this statement for the purits board of directors. I hereby accept the reinstating.	he appoint	ment as	registered	
12.	OFFICERS A	AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICER	RS AND DI	RECTOR	RS IN 12	
TITLE	0	DELETE 1.1 T)		1 TITLE					Change	Addition	15
NAME	BERRY, J. KENNETH			.2 NAME							3
STREET ADDRESS	9135-D SW 20 PL FT LAUDERDALE FL			.3 STREET ADDRESS							្រ្តុំ
CITY-ST-ZIP TITLE	D D			4 CITY-ST-ZIP					Change	Addition	٦è
NAME	BERRY, VIVIEN V.	_		2.2 NAME				Ш	Childriffo	Addition	1
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NAME			4, 2 N								ŀ
STREET ADDRESS					ADORESS						
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NAME			5.7 NAME		1			-	3		1
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5.4 CI								
TITLE		☐ DELETE	6.1 TITLE				······································		Change	Addition	1
NAME			6.2 NA	ME	1						
STREET ADDRESS			6381	REET :	ADDRESS						
0171/ 07 7/0			0.400	. ct	ZIP						1
CITY-ST-ZIP							ion 119.07(3)(i), Florida Statutes. I fur				4

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of 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 changed, or on an attachment with an address.

SIGNATURE:

Variety & Bearde !!

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