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 # 1. Corporation Name

(1)

FILED Mar 31 1998 8:00am Secretary of State

C.										
Principal Place of Business Mailing Address							- 1 (4) 10 11 540 11101 11010 01101 01110 1011 01011 81211 01		E 01814 1084	
·			3190 S STATE RD 7							
BAY #8 BAY8										
MIRAMAR FL 33023 MIRAMA FL 33023							DO NOT WRITE IN THIS SPACE			
US		US					3. Date Incorporated or Qualified 08/24/1988			
2. Principal P	lace of Business	2a. Mailing	g Address				4. FEI Number	Ap	plied For	
21		26					65-0068182		t Applicable	
Suite, Apt.	Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75		
22 27 City & State City & State				· · · · · · · · · · · · · · · · · · ·			***	Fee Re	<u></u>	
City & State	e (State				6. Election Campaign Financing	\$5.00		
23	28			T	Trust Fund Contribution					
Zip	Country	⊢	¬ ' —				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 9. Name and Address of Curr	29	cent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered Ag		J 140	
1 18		ant Habistalan W	i Aguir		81	Name	IV. realito dila Addiesa di Itali fiagistala ng	lour		
	IDA S GREEN			1		realito				
13221 SW 29TH CT					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
13221 OW 207H OT					83					
UA	VIE FL 33330				ૈ					
				Ì	В4	City		85 Zip (Code	
			S 60 - 1 - 70 - 1				FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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	Iliaa esse	2					3/25/	180		
	Signature, typed or pointed name of registered of	agent and trie if applicat	ole (NO		Ager	nt signature require	d when reinstaling) DATE	NDECTOR	C (N. 42)	
12. TITLE	S	ND DIRECTORS	DELETE	13.	1 5		ADDITIONS/CHANGES TO OFFICERS AND D	Change	Addition	
	GREEN, LINDA S		DELENE				_	- Olimido		
NAME	13221 SW 29TH CT			1.2 NA		I DODGO				
STREET ADDRESS	DAVIE FL					ADDRESS				
CITY-ST-ZIP	P				1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
TITLE	GREEN, RICHARD L						_	onungo	L AGGILION	
NAME	13221 SW 29TH CT			2.2 NA						
STREET ADDRESS	DAVIE FL					ADDRESS				
CITY-ST-ZIP	DAVIL 1 L		DELETE	2. 4 Cl		T-ZIP		Change	Addition	
TITLE			veels	3.1 T/T 3.2 NA			_	_ cominge	- FACILION	
NAME						*DDDCCC				
STREET ADDRESS						ADDRESS T. 71D				
CITY-ST-ZIP TITLE			DELETE	3.4. Ci	$\overline{}$	I-ZIP		Change	☐ Addition	
			DULLIE				_	villings	raquion	
NAME				4. 2 N/		4DDDCCC				
STREET ADDRESS				4		ADDRESS				
CITY-ST-ZIP			DELETE	4.4 CIT		I - ZIP	·	Снапре	☐ Addition	
TITLE			L DECEME	5.1 TIT			_	onungo		
NAME				5.2 NA		ADDRESS				
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	5.4 CIT		1 - ZIP		Change	Addition	
TITLE			L. DECETE	6.1 TrT			_	_ change	ROUNDA	
NAME				6.2 NA					}	
STREET ADDRESS						ADDRESS			-	
CITY-ST-ZIP	andity that the information symplical	with this filing do	on not exalify f	6.4 CIT			Section 119 07(2)(i) Florida Statutas I further carti	fu that the	information	

Incrept certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

954-910/2-910/29