						1000
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					FILED	
COF	PROFIT CORPORATION ANNUAL REPORT  1998  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		١		Apr 08 19	998 8:00an
ANN				Secreta	ry of State	
DOCU 1. Corporation	MENT # K	35616	(7)			
NORTO	ON A. ROSENBER	3. INC.			LARRIGHA AND HAD DAYS BURN HAD AND	ı Billik Gibil Bibir Billik Billik Gibil (1881
Principal Plac	ce of Business		Mailing Address			
17183 SHADDOCK LN. 17183 SHADDOCK LN. 80CA RATON FL 33487 BOCA RATON FL 33487					DO NOT WOLTE	IN THE ODAOS
					DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SPACE
	Place of Business 0 So OCA	1 82VD 2	2a. Mailing Address 26 317050	Desaw BL.	09/29/1988 4, FEI Number 65-0081792	Applied For Not Applicable
Suite, Apt.			Suite, Apt. #, etc.	N	Certificate of Status Desired	\$8.75 Additional Fee Required
23 A /	in Beroch	46 z	CIX STAY	BACK FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 233 4	80 25 P	T		County B	8. This corporation owes or has pail Personal Property Tax due June	30. ☐ Yes ☐No
<b></b>	9, Name and Addre	ss or Current He	gistered Agent	81 Name	10. Name and Address of New Reg	Jistered Agent /
	VINE, JEFFREY A. O N. FEDERAL HWY					
	UN. FEDERAL HWY			82 Street Add	Iress (P.O. Box Number is Not Acceptable	ie)
	CA RATON FL 33432			83		<del></del>
				84 City		FL 85 Zip Code
office or i	registered agent, or bott	i, in the State of Fl	d 607.1508, Florida Statute lorida: Such change was at s of, Section 607.0505, Flor	ithorized by the corpora	poration submits this statement for the pition's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed ham-	e of the subsect and	Obligation and ANOTE	Registered Agent signature requ	sired when reinstation)	DATE
12.		FFICERS AND DIE		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD		☐ DEFELE	1.1 TITLE		Change Addition
NAME	ROSENBERG, NO			1.2 NAME		
STREET ADDRESS	17183 SHADDOCI	( LN.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME			C) bettie	21 TITLE 22 NAME		Change Addition
STREET ADDRESS	•			2.3 STREET ADORESS		
CITY-ST-ZIP				2.4 CITY-ST-ZIP		
TITLE			DELETE	3 1 TITLE	<del></del>	☐ Change ☐ Addition
NAME	1			3 2 NAME		
STREET ADDRESS				3 3 STREET ADDRESS		
CITY-ST-ZIP			Driere	3 4. CITY - ST - ZIP		Channa E Madilian
TITLE NAME			☐ DELETE	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 Dity-St-ZiP		
TITLE			☐ DELETE	5.1 TITLE	-	Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

6.4 CRY-S1-ZIP

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 of supplemental annual report is truly 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 trusted employeered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 12 or Block 12 or on an allochment with a haddress.

SIGNATURE:

☐ Change ☐ Addition