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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K69588

(7)

J.P. COLLINS & COMPANY

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						a saderteit ara titte sater milet leter ann are	11 BIGIT SIBIL DIBIL 610	13 81811 1881
120 EAST OAKLAND PARK BLVD 4901 NW 17TH WAY								
Suite 105 Ft lauderd	ALE FL 33334	SUITE 103 FT LAUDERDALE FL 33:	SUITE 103 FT LAUDERDALE FL 33309		DO NOT WRITE IN THIS SPACE			
US	US				3. Date Incorporated or Qualified 03/01/1989			
2. Principal P	lace of Business	2a. Mailing Address	2a, Mailing Address			4. FEI Number	Ar	oplied For
21		26	26			65-0111600	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
I City & State	0		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Country			8. This corporation owes or has paid th	ne current year Inf	tangible
24	25	29	30			Personal Property Tax due June 30.	Yes [] No
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Regist	ered Agent	
JO	HN P COLLINS			81	Name			l
	O1 NW 17TH WAY		82 Street Ad		Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E 103 Lauderdale FL 33309		}	83				
rı.	CHODEUDATE LE 22308		L		··			
				ı	City		FL	Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	₹S IN 12
TITLE	D	DELETE	1.1 TIT	ILE			☐ Change	Addition
NAME			1.2 NA	ME				
STREET ADDRESS	3950 NW 53 STREET		1.3 STREET ADDRESS		ODRESS			ľ
CITY-ST-ZIP	BOCA RATON FL 1.4		1.4 CI3	IY-ST-	- ZIP			
TITLE		DELETE	2.1 TIT	ILE			Change	Addition
NAME			2.2 NA	ME				
STREET ADDRESS		•	2.3 STI	REET A	DDRESS			
CITY-ST-ZIP			2. 4 CITY		- ZIP			
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NAME			3.2 NAME		1			
STREET ADDRESS			3.3 STREET ADDRESS		DDAESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP				
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NAME			4. 2 NAME					
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CITY-ST-ZIP			4.4 CIT	IY-\$1-	- ZIP			
TITLE		☐ DELETE	5.1 TIT	LE			Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STI	REET A	DDRESS			
CITY-ST-ZIP			5.4 CiTY-5		- ZIP		<u> </u>	
TITLE		DELETE 6		61 TITLE			Change	L_i Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STI	REET A	DDRESS			
CITY-ST-ZIP			6.4 CIT					
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Thereby certify that the information supplied with this little does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. 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 trustice 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.