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 # L11799

(8)

MARTIN SHEVRIN & ASSOCIATES, INC.

| FILED | | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|--|
| Apr 16 1998 8:00am | | | | | | | | | |
| Secretary of State | | | | | | | | | |

| WATER CALLET MADE OF THE CALLET | | | | | | | | | | | | |
|---|--|------------------|---|--|---------------------------------------|--------------------|---------------|--|--|----------------------------|---------------|--|
| Pri | ncinal Place | e of Busines | :c | Mailing | g Address | | | | | A BARDA BARDA | | |
| | • | | | ` | % MARTIN SHEVRIN | | | | | | | |
| | Martin Sh 21007 | ACALIIM | | 49100 | | | | | | | | |
| | | ROALE FL 33 | 1349-8007 | | LAUDERDALE FL | 33349-8007 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 08/22/1989 | | | |
| 2. | Principal Pi | ace of Busi | ness | 2a. Ma | 2a. Mailing Address | | | | 4. FEI Number | App | olied For | |
| 21 | | | | 26 | 26 | | | | 65-0143532 | Not | Applicable | |
| | Suite, Apt. | #, etc. | | Sui | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | 8.75 A | | |
| 22 | <u> </u> | | | 27 | | | | | | Fee Rec | | |
| _ | City & State | Э | | | City & State | | | | | \$5.00 | | |
| 23 | 4: | | Country | | Zip Country | | | | Trust Fund Contribution Added to Fees | | | |
| _ | Zip | Country Zip | | | | 30 | ıııy | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | |
| 24 25 25 Name and Address of Curren | | | 29 Current Registere | | | | | 10. Name and Address of New Registered Agent | | | | |
| SHEVRIN, MARTIN 81 Name | | | | | | | | Name | | | | |
| 6141 NW 32ND WAY | | | | | | | | | | | | |
| | | | RDALE FL 33309 | 1 | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | | | |
| | 101 | | 110/100 1 2 00001 | • | | İ | 83 | | | | | |
| | | | | | | | | Oite | | 5 Zip C | 'odo | |
| | | | | | | | 84 | City | FL | 35 Zip C | loue | |
| 11 | 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) DATE | | | | | | | | | | | | |
| 12 | | Signature, typed | | RS AND DIRECTOR | | 13, | nya | ii signature require | ADDITIONS/CHANGES TO OFFICERS AND DI | RECTORS | S IN 12 | |
| TIT | | DP | 0.1100 | | DELETE | 1.1 TIT | LE | | | Change | Addition | |
| NAME SHEVRIN, MARTIN | | | | 1.2 NAME | | | | | | | | |
| STREET ADDRESS 6141 NW 32ND WAY | | | | 1.3 STREET ADDRESS | | | ADDRESS | | | | | |
| CITY-ST-ZIP FORT LAUDERDALE FL | | | | | 1.4 CITY - ST - ZIP | | | - ZIP | | | | |
| TITE | TITLE ST | | | | DELETE 2.1 T | | | | □ Cr | | | |
| NAME SHEVRIN, JEROME | | | | 2.2 NAME | | | | | | | | |
| STR | EET ADDRESS | | W. 32ND WAY | | | 2.3 STI | REET A | ADDRESS | | | + | |
| CITY-ST-ZIP FT. LAUDERD. | | | IDERDALE FL | | 2. 4 Cl | | T-ZIP | | | | | |
| TITL | i | | | | DELETE | 3.1 TIT | | - 1 | | Change | ☐ Addition | |
| NAJ | | | | • | | 3.2 NA | | | | | | |
| | EET ADDRESS | | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | | | T-ZIP | | Change | Addition | | |
| TITL | | | | | | 4.1 TIT 4. 2 N/ | | | _ | i Simil g o | roution | |
| NA | 1 | | | | | | | ADDRESS | | | | |
| | EET ADDRESS Y-ST-ZIP | | | | | 4.4 CIT | | · | | | | |
| TITL | | | ···- | | DELETE | 5.1 TIT | | F0 | | Change | Addition | |
| NAM | | | | | | 5.2 NA | | | | - | | |
| | EET ADDRESS | | | | | | | ADDRESS | | | İ | |
| | Y-ST-ZIP | | | | | 5.4 CIT | | | | | | |
| TITL | | | | | DELETE | 6.1 TIT | LE | | | Change | Addition | |
| NAA | AE | | | | | 6.2 NA | ME | | | | | |
| STR | EET ADDRESS | | | | | 6.3 STI | REET A | ADDRESS | | | | |
| CIT | Y-ST-ZIP | | | | | 6.4 CIT | | | | | | |
| 14 | . I hereby o | ertify that the | ne information suppual report or supplied | blied with this filing emental annual ren | does not qualify ort is true and a | for the exe | mpti I tha | ion stated in S it my Signatur | Section 119.07(3)(i), Florida Statutes. I further certify re shall have the same legal effect as if made under | / that the i oath; that | Intormation I | |
| 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 is fequired 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 | | | | | | | | | | | | |