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 #

121

Principal Place 11690 NW MIAMI FL 3	NING DYNAMICS INC. e of Business 19TH DRIVE	Mailing Address SAMUEL MENDELOW 11690 NW 19TH CORAL SPRINGS FL	33071		DO NOT WRITE 3. Date incorporated or Qualified	E IN THIS SPACE
2. Principal P	lace of Business	2a. Mailing Address			10/05/1989 4. FEI Number	Applied For
21		26	· · · · ·		65-0149786	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬		5. Certificate of Status Desired	See Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees	
24	Country 25	29 Zip	30	иу	8. This corporation owes or has participated and Property Tax due June	
27	g, Name and Address of Curre		1301		10. Name and Address of New Re	
M	IENDELOW, SAMUEL		- T	1 Name	······································	_
11690 NW 19TH DR CORAL SPRINGS FL 33071				Street Add	ress (P.O. Box Number is Not Accepta	ble)
				4 City		85 Zip Code
			ĺ	1		FL
SIGNATURE	Signature, typed or printed name of registered ag		TE Registered /		poration submits this statement for the tion's board of directors. I hereby acce	DATE
12.	OP OFFICERS AN	DELETE	13.	- 	ADDITIONS/CHANGES TO OFFI	Cers And Directors IN 12 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	MENDELOW, SAMUEL 11690 NW 19TH DR CORAL SPRINGS FL		1.2 NAM	E E1 ADDRESS		
TITLE	DS	☐ DELETE	2.1 TITLI			Change Addition
NAME	ALPERT, BERYL		2.2 NAM	E		
STREET ADDRESS	11690 NW 19TH DR CORAL SPRINGS FL			ET ADDRESS		, d
CITY-ST-ZIP TITLE	COMAL SPRINGS PL	DELETE	3.1 TITU	'-S1-ZIP		Change Addition
NAME			3.2 NAM	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	'-ST-ZIP		
TITLE		DEL E TE	4.1 TITLE			Change Addition
NAME			4. 2 NAN	IE		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP		T profess	4.4 CiTY-ST-ZIP			, , , , , , , , , , , , , , , , , , ,
TITLE		DELETÉ	5.1 TITLE			Change Addition
NAME			52 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY 61 TITLE			☐ Change ☐ Addition
NAME		Section	6.2 NAM	!		CHONGO CHI PROGRAM
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
	edity that the information supplied w	ith this filma does not qualify:			Section 119.07(3)(i). Florida Statutes. I	further certify that the information

indicated on this annual report or supplied with this immigrated 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.

FILED

Mar 24 1998 8:00am

Secretary of State