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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

HOMESTEAD FL 39030

234 NORTH KROME AVENUE

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

21



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # L2130

(0)

SCHILD & PETERSON, P.A.

Mailing Address

234 NORTH KROME AVENUE HOMESTEAD FL 33030

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED
Jan 30 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

 Date Incorporated or Qualified 10/05/1989

65-0149016

4. FEI Number

22	27				Fee Required
City & State	State City & State				6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution
Zip Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24 25	29	30			Personal Property Tax due June 30. 🔲 Yes 🔲 No
9. Name and Address of Curre	ent Registered Agent	- ' ' ' ' '			10. Name and Address of New Registered Agent
WADE C. PETERSON			81	Name	
234 N. KROME AVENUE			82	Observat Andreas	/DO DO NEW YORK OF THE PARTY OF
HOMESTEAD FL 33030			82 Street Address (P.O. Box Number is Not Acceptable)		
	i		83		
		ļ			
			84	City	85 Zip Code
11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Sta	atutes, the at	oove.	-named corpor	ration 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 a	gent and title if applicable.	NOTE: Repistered	l Agen	t signature required	when reinstating) DATE
	ND DIRECTORS	13.	- igon		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ST	DELETE	1,1 10	TLE.	-	Change Addition
NAME PETERSON, WADE C.		1.2 NA	MF		_ ·
STREET ADDRESS 1518 SARRIA AVE				ADDRESS	
CODAL CARLES EL		1.4 CI		1	
CITY-ST-ZIP COPAL GABLES PL	DELETE	2.1 717		- ZIF	Change Addition
NAME		2.2 NA			
			_	NDDRESS	
STREET ADDRESS		1			
CITY-SI-ZIP TITLE	DELETE	2, 4 Cl		1-4P	Change Addition
NAME		3.2 NA	_	1	Statige Radiion
		I			
STREET ADDRESS				ADDRESS	
CITY - ST-ZIP TITLE	DELETE	3,4, Ct 4,1 Ttl		-212	☐ Change ☐ Addition
NAME		4.1 N			C Sittings C Addition
				IDD0505	
STREET ADDRESS				ADDRESS	•
CITY-ST-ZIP	DELETE	4.4 CD 5.1 TR		- ZIP	Change Addition
TITLE	ייין אניניונ				C Outride C Madeion
NAME -		5.2 NA			
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP		5.4 CI		- ZIP	Dobassa Dates
TITLE	☐ DELETE	6.1 TIT	_	1	Change Addition
NAME		6.2 NA			
STREET ADDRESS				ADDRESS	
CITY-SI-ZIP	the first ray	6,4 CIT			440 07/07/0 Flatter Contract 15 and 1
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 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 trusted emocrated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with a document of the corporation of the					

FOUIRED