## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

6.2 NAME 6.3 STREET ADDRESS

DOCUMENT #

1998

Principal Place of Business

2400 S. DIXIE HIGHWAY. SUITE 105

2. Principal Place of Business
21 440 4 N. Bay Ro
Suite, Apt. #, etc.

8644 WINDSOR LANE

MIAMI BEACH FL 33141

City & State

22

23

24

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

12.

TITLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

## PALADIN SERVICE CORPORATION

	1998	A case at	TEN	DIVISION OF	CORPOR	RATIONS		Score	tai y	$OI \ \Sigma$	race
Corporatio		# L25485 CORPORATION		(8)							
cipal Plac	e of Business		Mailing	g Address				1 imetidie dif eifte filli minnt b			11811 91511 1891
WINDSOR LANE				2800 ISLAND BLVD							
S. DIXIE HIGHWAY. SUITE 105 II BEACH FL 33141				APT 503 AVENTURA FL 33160-4936				DO NOT WRITE IN THIS <b>8P</b> ACE			
n Denorr			US	311/1 1 C 40100 4304	•			Incorporated or Qualified		<u> </u>	
Principal Place of Business				2a. Mailing Address				Number		Ap	plied For
4404 N. Bay Kd							<i>D</i> 65	0174697		No	t Applicable
Suite, Apt.			27	ite, Apt. #, etc.				ificate of Status Desired	<b>_</b>	\$8.75 / Fee Re	quired
City & Star	le		28	4			Trus	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
p Country 25 25 9. Name and Address of Current Reg			29				Pers	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Res No  10. Name and Address of New Registered Agent			
ODE	EN, JOHNAT		nt Kegistere	a Agent		81 Name	TU, Nan	e and Address of New	Kegisterea A	gent	
2400 S. DIXIE HIGHWAY, SUITE 105 MIAMI FL 33133							Address (P.O. B	ox Number is Not Accept	able)		
AAIRL 21	111 1 2 40 100					83			<del>-</del>		
						24 0			<u>-</u> _	Table .	
						84 City			FL	85 Zip (	>00e
office or	regi <b>ste</b> red age	ons of sections 607.050 int, or both, in the Stat h, and accept the obli	e of Florida. S	Such change was	authorized	by the corp	orporation subm oration's board	its this statement for the poly directors. I hereby acce	urpose of cha pt the appoin	inging its re traent as re	gistered gistered
NATURE				·	<del></del>						
	Signature, typed or	printed name of registered age OFFICERS A			NOTE: Register	red Agont signatu	re required when reins	tating) TIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
	D			DELETE	1.1 TIT	LE .	Pies	TIONO/GITANOEO TO GI	TIOCHO MIN	Change	Addition
	SPIEGELMAN, LEE			C Deterio		ME	Lee S	es Spiegelman		Onlingo Addition	
TADORESS 2800 ISLAND BLVD #503					1.3 STREET ADDRE		4404				
AVENTURA FL								Bead -F	1 33	140	
	_ <del></del>			DELETE	2.1 T(T	LE	Mian			Change	Addition
					2.2 NA	ME					
TADORESS					2.3 STF	REET ADDRESS					
ST-ZIP						Y-ST-ZIP					
				DELETE	3.1 TIT					Change	Addition
					3.2 NA						
TADDRESS						REET ADDRESS					
T-ZIP				DELETE	4,1 111	Y-\$1-ZIP LE	· · · <del></del>			Change	Addition
				L''I DECETE	4.2 NA				L	□ Cuanda	L_I AUGIGOR
TADDRESS						REET ADDRESS					
T-ZIP						Y-ST-ZIP					
				DELETE	5.1 TIT	LE				Change	Addition
					5.2 NA	ME					
TADDRESS						REET ADDRESS					
T-ZIP	<del></del>					Y-ST-ZIP			<del></del>	<u>-</u>	<del></del>
	1			L_ DELETE	61 TIT	LE			L	Change	Addition
	İ			C Deceip					_		
T ADDDESS				C 000014	6.2 NA				_		

**FILED** 

Aug 05 1998 8:00am

6.4 CITY-ST-ZiP CITY-ST-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 or supplemental annual eport 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 employered 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.

SIGNATURE: