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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998	T 👢	Secreta	Sandra B. Mortha Secretary of State DIVISION OF CORPORA			Secretary of State)
	MENT # MOOD CAB	L35142 INETRY, INC.	2 (3)					
Principal Plac	e of Business		Mailing Address				t (adisahi dan selat ditan tibir atasa 1101 dibit binit atah atah atah atah atah	# B 1
% NEVILLE LOWE 1897 OPA LOCKA BLVD OPA LOCKA FL 33054			% NEVILLE LOWE 1897 OPA LOCKA BLVD OPA LOCKA FL 33054				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified 12/11/1989	1
2. Principal P	Place of Business		2a. Mailing Address				4. FEI Number Applied Fo	or .
21			26				65-0159015 Not Applic	able
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additions Fee Regulard	al
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip		Zip	Country			8. This corporation owes or has paid the current year Intangible		
24	25 29			30			Personal Property Tax due June 30. Yes No	
		Address of Current	Registered Agent		61	Name	10. Name and Address of New Registered Agent	
LOWE, NEVILLE					•	Name		
17340 N.W. 9TH PLACE MIAMI FL 33169					82 Street Addres		fress (P.O. Box Number is Not Acceptable)	
.,,	MAMITE GOTOS)	83			\neg
				}	84	City	■■ 85 Zip Code	
							FL	
 Pursuant office or r 	to the provisions registered agent,	of Sections 607.0502 or both, in the State c	and 607.1508, Florida Statut if Florida. Such change was	tes, the at authorized	ove-	named con the corpora	poration submits this statement for the purpose of changing its registention's board of directors. I hereby accept the appointment as register	red ed
agent. I a	ım fa miliar with, a	nd accept the obligat	ions of, Section 607.0505, Fl	orida Stat	utes.			- }
SIGNATURE	Signature, typed or prin	nted name of registered agent	and title if applicable. (NO1	E Registered	Agen	t signeture requ	ired when reinstating) DATE	
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D				1.1 TITLE		Change Add	lition E
NAME	JONES, PATRICK B. 16911 N.E. 7TH COURT			1.2 N				3
STREET ADDRESS	MIAMI FL	. / In Count				ADDRESS		١
CITY-ST-ZIP TITLE	D D		DELETE	1.4 CITY DELETE 2.1 TITL		- 218	Change Ado	Jition C
NAME	LOWE, NEVILLE G.		_	2.2 NA		İ	_ · _	
STREET ADDRESS	48040 51111 0811 51 508		23 S		2.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	MIAMI FL			2. 4 CI	2. 4 CITY-ST-ZIP			
TITLE				3.1 TIT			Change Add	lition
NAME				3.2 NA)
STREET ADDRESS						DDRESS		
CITY-ST-ZIP TITLE			DELETE	3,4, CI 4,1 TIT		- ZIP	☐ Change ☐ Ado	Sition
NAME				4, 2 NA				1
STREET ADDRESS				4,3 STI	REET A	DDRESS]
CITY-ST-ZIP				4.4 CIT	Y-ST	- ZIP		
TITLE			5.1 TIT			Change [
NAME				5.2 NA				ĺ
STREET ADDRESS				•		DDRESS		- }
CITY-ST-ZIP TITLE			DELETE	5.4 CIT 6.1 TIT		- ZIP	☐ Change ☐ Adx	tition
NAME			_ 0	6.2 NA			Change Rec	
STREET ADDRESS				•		DORESS		ĺ
CITY-ST-ZIP				6.4 CIT		1		

14. Thereby 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 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.

SIGNATURE:

02-16-98-305-6813049

FILED

Feb 23 1998 8:00am