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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

(6)

FILED Mar 12 1998 8:00am Secretary of State

Principal Plac 1600 S. HIAT P.O. BOX 83	l'us rd.	Mailing Address 1600 S. HIATUS RD. P.O. BOX 8336 PEMBROKE PINES FL	33094	DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE
A D S S S S S S S S S S	una de Divisione	T 6- 44-9: 6-1		12/11/1989 4. FEI Number	T 12 6 1-
	lace of Business	2a. Mailing Address		65-0165294	Applied For
Suite, Apt. #, etc		Suite, Apt. #, etc.		00-0 100294	Not Applicable \$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	d the current year Intangible
24	25	29	30	Personal Property Tax due June	- · - ·
	9. Name and Address of Currer	t Registered Agent	81 Name	10. Name and Address of New Reg	pistered Agent
AMATANGELO, DENNIS 1600 S HIATUS RD PEMBROKE PINES, 540 FL 33025			82 Street Adde 83 84 City	ress (P.O. Box Number is Not Acceptabl	FL 85 Zip Code
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 profited name of registered and the Papplicable (NOTE Registered Agent signature required when reinsteining) DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PCD	☐ DELETE	1,1 TITLE		Change L Addition
NAME	AMATANGELO, DENNIS		1.2 NAME		
STREET ADDRESS	1600 S HIATUS RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	- Designe	1.4 CITY-ST-ZIP		
TITLE	SD AMATANOFIO OTTO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AMATANGELO, OTTO 1600 S HIATUS RD		2.2 NAME		
STREET ADDRESS	PEMBROKE PINES FL		2.3 STREET ADORESS		
CITY-ST-ZIP	FEMONONE FINES FL	DELETE	2.4 CITY-ST-ZIP	-	Change Addition
TITLE		L DICEIL	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME		
***************************************			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. City-St-ZIP 4.1 Title		Change Addition
NAME		Dicere	4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	4000024 5 1 -03/13/980101	S - Addition Addition
NAME	•	<u> </u>	5.2 NAME		4022
STREET ADDRESS			5.3 STREET ADDRESS	***300 .0 0	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		P6 8-12
					1.0 8.15
14. I hereby c	ertify that the information supplied w	th this filing does not qualify	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I f	urther certify that the information

indicated on this annual report or supplies an area in goods not quality in the exemption stated in section 119.07(3)(), Florida Statutes. Trutther certify 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.