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PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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FILED

Apr 30 1998 8:00am

Secretary of State

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Principal Plac	oe of Business	Mailing Address		,	ide arael diani altic anaci dia	,, e191, 196,
8700 RIDGEV	MOOD AVE	ROBERT M. ARLEN				
B404	VERLA FL 32920	1501 CORPORATE OR #26 BOYNTON BOLL FL 33426-	00 6664	DO NOT WRITE	E IN THIS SPACE	
US CANA	VENUA FL 32920	US	0034	3. Date Incorporated or Qualified	E III IIIIO OF AGE	 -
1		· · · · · · · · · · · · · · · · · · ·		02/01/1990		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	TA:	oplied For
21 8700		26 8700 RCD6#	EWOOD AVE	65-0170938		ot Applicable
Suite. Apt.		Suite, Apt. #, etc.			\$8.75	Additional
22 B	404	27 5404		5. Certificate of Status Desired	Fee Re	equired
City & Stat		City & State		6. Election Campaign Financing	\$5.00	May Be
23 CAPE	= CANAUERAL, FL	28 CHIELHAD	WEBAL, TL	Trust Fund Contribution		to Fees
- ^z /2 1 .	and hounted	受いいの	- COMPRE 4.	8. This corporation owes or has pa	_	
24 20	720 25	. ————————————————————————————————————	30 V > M	Personal Property Tax due June		No
}	g, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	RLENT ROBERY M.		7	E ABRAHA	n HARER I	DIRFFY
	01 CORROMATE DR.		82 Street Add	ress (P.O. Box Number is No Accepta	ble)	
	JITE 200		83 8100	RIDGEWOOD HVE		
BC	DYNTON/BEACH FL 33435		* #	· B404		
1	•		84 City 1 0	E CANAVERAL.	85 ZiQ	90de
44 5	4. 4	- 1 607 1/ 00 FI - 12- 0 - 1	LAP		FL "33	YUU
11. Pursuant	to the provisions of Sections 607.0502 registered age //, or both, in the State o am familiar wild, and a cept the obligal	and 607.1508, Florida Statute f M irida, Such change was ai	s, the apove-named corp uthorized by the corpora	poration submits this statement for the patients have acceptable and directors. I hereby acceptions	purpose or changing it of the appointment as	s registerea ;
I Office or		William Same Change Heat In		ation 3 Double of Officerors, I fibriology accept		
agent. I &	am familiar with, and a cept the obligati	ins of Section 607.0505, Flor	rida Statutes.	And to board of officerors. Thereby acco		ر ا
agent. I &	MIMILIA	Hasle-		49R APR	14 21, 199	8
SIGNATURE	Signature, vypado or printedo minio or tegir latico aficirl	Hadel applicable (NOTE	Registered Agent signature requi	APA Hered when reinstating)	(L 21, 199	<u>R</u>
SIGNATURE	SHOWN WIND OF PENNEY HITER OF THE THE OF A NO	HISTORY Industrie * applicable (NOTE DIRECTORS	Registored Agent signature requi	49R APR	CERS AND DIRECTOR	1S IN 12
SIGNATURE 12. TITLE	SIGNATURE OF FRANCE OF THE PROPERTY OF THE PRO	Hadel	Hegistered Agent signature required 13.	APA Hered when reinstating)	(L 21, 199	<u>R</u>
SIGNATURE 12. TITLE NAME	STATE VIDEO V FORDER MAINS OF TOUR PERSON APPLIANCE OF THE PERSON APPLIANCE OF	HISTORY Industrie * applicable (NOTE DIRECTORS	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	APA Hered when reinstating)	CERS AND DIRECTOR	1S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	PSTD HASES, ABRAHAM 8700 RIDGEWOOD AVE B404	HISTORY Industrie * applicable (NOTE DIRECTORS	Flegistered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	APA Hered when reinstating)	CERS AND DIRECTOR	1S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	STATE VIDEO V FORDER MAINS OF TOUR PERSON APPLIANCE OF THE PERSON APPLIANCE OF	HISTORY Industrie * applicable (NOTE DIRECTORS	Fegistored Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP	APA Hered when reinstating)	CERS AND DIRECTOR	AS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THE	PSTD HASES, ABRAHAM 8700 RIDGEWOOD AVE B404	Hadding the production (NOTE DIRECTORS	Fregistered Agent signalure required to the	APA Hered when reinstating)	CERS AND DIRECTOR	1S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSTD HASES, ABRAHAM 8700 RIDGEWOOD AVE B404	Hadding the production (NOTE DIRECTORS	Flegistored Agent signalure required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	APA Hered when reinstating)	CERS AND DIRECTOR	AS IN 12
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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 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 iddress.