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	DIVISIO	N OF CORPORATIONS		
1. Corporation	MENT # L58 ONWIDE CLUB ADMIN	3319 (9))	}	
Principal Plac	ce of Business	Mailing Address		4 YOODINGIN OON OINON HAKAA HINNA INKA AKKA DIAAK AHAKA DIAKA DIAKA	DIK BIBII IABI
2801 UNIVERSITY DRIVE		2801 UNIVERSIT	Y DRIVE		
#306 CORAL SPRINGS FL 33065		#306 Coral Spring	S FL 33065	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Principal F	Place of Business	2a. Mailing Addres	· c	03/19/1990 4. FEI Number Apr	plied For
21	Tace or Dosmess	26 Mailing Address	.s	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.	E Certificate of Status Desired S8.75 A	dditional
22 City & Stat		City & State		Fee Rec	·
23	le .	28		6. Election Campaign Financing \$5.00 Trust Fund Contribution Added to	
Zip	Country	Zıp	Country	8. This corporation owes or has paid the current year Inta	
24	25	29	30		No
		Current Registered Agent	81 Name	10. Name and Address of New Registered Agent	
	Kupfer, Paul H. 1700 University Drive		I 1	Michael R. Flam	
CORAL SPRINGS FL 33071			82 Stree 285	t Address (P.O. Box Number is Not Acceptable) B University Drive, Suite B	
41	001742 01141100 12 00011		83		
*			84 City	Coral Springs El 85 Zipo	Code
		20000 1000 51 11	11	cold: Shirings FF 330	<u>65 </u>
11. Pursuant office or i	to the provisions of Sections 6 registered agent, or both, in the	607.0502 and 607.1508, Florida e Stale of Florida. Such change	Statutes, the above-name was authorized by the co	d corporation submits this statement for the purpose of changing its proporation's board of directors. I hereby accept the appointment as r	registered registered
ļ	am familiar with, and account	6 obligations of Section 607.05	OS Florida Statutes.	2-23-98	
SIGNATURE	Signature typed or printed name of regis	stered agent and title if applicable.	(NOTE: Registered Agent signatu		
12.		RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD CTCINI ALAN	☐ DELE	TE 1.1 TITLE 1.2 NAME	LI Change	Addition
NAME Street Address	STEIN, ALAN		1.2 NAME		
STREET ROUTESS		HVE #308	1.3 STREET ADDRESS		-
CHY-ST-ZIP	2801 UNIVERSITY DR CORAL SPRINGS FL	RIVE, #306	1.3 STREET ADDRESS 1.4 CITY+ST-ZIP		
CITY-ST-ZIP TITLE	2801 UNIVERSITY DR CORAL SPRINGS FL	RI VE, #306 □ DELE	1.4 CITY - ST - ZIP	☐ Change	☐ Addition
			1.4 CITY+ST-ZIP		☐ Addition
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14. I hereby certify that the information supplied with this filling 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 truebes 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 a program of the corporation of the corporation or the receiver or truebes 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 a program of the corporation of the corporation of the corporation or the receiver or truebes 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 a corporation of the corporation of the corporation or the receiver or truebes 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 a corporation of the corporation of the

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Secretary of State