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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L66762

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2 (

FILED Jan 27 1998 8:00am Secretary of State

W. SELDINE, P.A.							
Principal Place of Business Mailing Address					- 1	 	
% WILLIAM SELDINE % WILLIAM SELDINE							
12076 N.W. 11TH STREET 12076 N.W. 11TH STREET PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026					DO NOT WRITE IN	I THIS SPACE	
PEMBRORE	FINES PL 33026	LEWDLOVE LINES LE 3909	20		3. Date Incorporated or Qualified		
					04/19/1990		
2. Principal Place of Business 2a. Mailing Address			<u> </u>		4. FEI Number	1	Applied For
21 26					65-0186485		Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
22 27					<u> </u>		Required
23	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip Co			,	8. This corporation owes or has paid		
24	25 29 30				Personal Property Tax due June 30	-	□ No
	g. Name and Address of Current	t Registered Agent			10. Name and Address of New Regis	stered Agent	
8	ELDINE, WILLIAM		81	Name			-
12076 N.W. 11TH STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
PEMBROKE PINES FL 33026			83				
			65				
ĺ			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	2 and 607,1508, Florida Statutes.	the abov	e-named corpo	pration submits this statement for the nur		its registered
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 printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Age	ent signature require	d when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER		
TATLE	PTD	☐ DELETE	1,1 TITLE			L Change	Addition E
NAME	SELDINE, WILLIAM		1 2 NAME				12
STREET ADDRESS	DEMODOVE DIMES EL		1.3 STREET				ایّا
CITY-ST-ZIP	SVD	DELETE	1,4 CITY - S 2.1 TITLE	ST-ZIP		Change	Addition
NAME	OF BUILT DI AMOUNT		2.2 NAME				
1000	12076 N.W. 11TH ST.		2,3 STREET	ADDRESS			
			2. 4 CITY-			÷	Ì
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				[
STREET ADDRESS			3.3 STREET	r address			İ
CITY-ST-ZIP			3,4, CITY-	ST-ZIP			
TITLE		DELETE	4.1 TITLE			LI Change	Addition
NAME			4. 2 NAME	- {			}
STREET ADDRESS			4.3 STREET				Ì
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP			☐ Change	Addition
NAME	1		5.2 NAME				
STREET ADDRESS		7	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				1
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME)		62 NAME				
STREET ADDRESS			6.3 STREET	r address			
CITY-ST-ZIP			6.4 CITY - 8	ST-21P			
14. hereby	certify that the information supplied wi	th this filing does not qualify for th	ne exemp	otion stated in S	Section 119.07(3)(i), Florida Statutes, I fur	ther certify that th	e information

4. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 19.07(3)(f), Florida Statules, 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 cath 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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