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 # 1. Corporation Name

FILED Apr 14 1998 8:00am Secretary of State

Has all assum

		Mailing Address 9900 STIRLING ROAD SUITE 200 COOPER CITY FL 33024 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1990
- 2//	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21 3660 WASHINGTONLANES 3660 WASHINGTONLANES Suite, Apt. #, etc.			NGTONLAN	65-0341634 Noi Applicable
22 27				Certificate of Status Desired Status Desired Status Desired Fee Required
City & State				6. Election Campaign Financing \$5.00 May Be
Zip Cooper Chy Country 1.5.A. 7ip			Country / J.S	Trust Fund Contribution
24 330	Up 25 Beautiful	0 29 33076 3	7 7 4 4 4	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
FRANKEL, STEVEN A. 81 Name				
	60 Washington Lane Doper City FL 33026		82 Street / 83 6 84 City	Address (P.O. Box Number is Not Acceptable) O WAS(IT!NG TON LANG FL 85 Zip Code 330026
11. Pursuant	to the provisions of Section 201000	2 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 State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am families with a cobligations of, Section 607.0505, Florida Statutes.				
SIGNATURE 4-6-98				
	Signature, typed of printed name of registered age	····	legistered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	Frankel, Steven A.	☐ DELE1€	1.1 TITLE 1.2 NAME	Change Addition
STREET ADDRESS	9900 STIRLING ROAD		1.3 STREET ADDRESS	3660 WASHINGTON LANE Cooper City FL 33026
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-S1-ZIP	Conses Cata El 33026
TITLE		DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	_ · ·
STREET ADDRESS			2.3 STREET ADDRESS	
CITY+ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		D. No. Pare	3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	······································	DELETE	4.4 CITY - ST - ZIP	Chann Addition
NAME			5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			5.2 NAMÉ	
CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		hand white to be	62 NAME	L Change L Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP				
da I been been	- 106 All - 2		6.4 CITY-ST-ZIP	

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 receipt for tasks of powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, from an address.