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PROFIT **CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

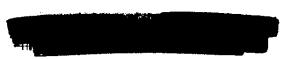
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

:Fliller: Malean:& Ellenberg: P-A:

FILED Feb 09 1998 8:00am Secretary of State



FULLE	ER, MALLAH & ASSOCI	IATES, P.A.	10/5	~ 4/	77+			
Principal Plac	e of Business	Mailing Addr	ess			7111		
1111 LINCOLN ROAD 1111 LINCOLN ROAD			N ROAD					
SUITE 802		SUITE 802						
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139			H FL 33139	DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Qualified		
						06/04/1990		
· ·	lace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
21]		[26]				65-0180425		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			l. #, etc.			5. Certificate of Status Desired		5 Additional
27								Required
23		}····m	28			6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip Country		· · · · · · · · • • · · · · · · · · · ·	Zip Coun			Trust Fund Contribution		
24	25 29 30		O Suring	,	Personal Property Tax due June 30. Yes No			
	g, Name and Address of Curr			₇		10. Name and Address of New Re		
FII	LLER, LAWRENCE A.	— -		81	Name		<u> </u>	
	I1 LINCOLN ROAD			_				
SUITE 802				82	Street A	ddress (P.O. Box Number is Not Acceptal	010)	
	NMI BEACH FL 33139			83	1			
*****	IIII DESCRIPTE GOTOS							
				B4	City	+	FL 85 2	7ip Code
11. Pursuant	to the provisions of Sections 607.09	502 and 607,1508, Ft	orida Statutes, th	ie abovi	L e-named c	orporation submits this statement for the p	ournose of changin	a its registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florida. Such ch	hange was autho	rizodi by	v the corpo	pration's board of directors. I hereby acce	ot the appointment	as registered
•	Tamina with and accopt the own	igations of section o	07.0000, 1 lorida	Otalolo	5.			
SIGNATURE	Signature, typed or printed anne of registered a	igent and bille if applicable.	NOTE Regi	stered Age	int signaturu re	Quirod when reinstating)	[)A]į	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	D ,		DCLF1E -	1.1 TITLE			Chan	ge 🔲 Addition
NAME	FULLER, LAWRENCE A.			1.2 NAME				
STREET ADDRESS	1111 LINCOLN RD.			1.3 STRFET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CHY+S	31 - 2 8P			
¥IITL€	D	[]	DELETE	2.1 111tF			Chan	ge Addition
NAME	Mallah, John D.		2	22 NAME				
STREET ADDRESS	1111 LINCOLN RD.		2	3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2.4 City-5	ST-7/P			
TITLE			DELETE	3.1 THLE			☐ Chang	ge 🔲 Addition
NAME			3	3.2 NAME				
STREET ADDRESS			3	3.3 STREET	ADDRESS			
CITY-ST-ZIP				1.4. CITY - 5	S1-ZIP			
TITLE		П	DELETE	L1 TOLE			Chang	ge 🔲 Addition
NAME			4	I. 2 NAME				
STREET ADDRESS			4	1.3 \$1REE1	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		1.4 CITY - S	11 - ZIP			
TITLE			DELETE 5	S.1 TITLE			[Chang	ge 🔎 Addition
NAME			5	.2 NAME			M_{α}	
STREET ADDRESS			5	3 STREET	ADDRESS		111)0	17
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		4 CITY - \$	J-7IP		· U /	
TITLE		LJ	DELETE 6	1 TITLE		80000242 -02/09/980103	- Chang	ge 🔲 Addition
NAME			6	2 NAME		-02/09/986109	4	
STREET ADDRESS			6	.3 STREET	ADDRESS	***150.00	e tertierte	
CITY-ST-ZIP			6	.4 CITY - S	1 - 719	r r s a turbu e tarbut		j

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 acceptance.

1/0/00