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

1	MENT # L7871 Name FFICES OF KENNETH N. F				
Principal Place of Business Mailing Address					LIKIT OLDUK ASASI BIQIH 1996; 1896
550 BILTMORE WAY 550 BILTMORE WAY					
STE - 780 STE - 780 CODAL CARLES SI 20124			94	DO NOT WRITE IN TH	IIS SPACE
CORAL GABLES FL 33134 CORAL GABLES FL 3313 US US		J 4	3. Date Incorporated or Qualified	IIO GI FIOL	
_				06/08/1990	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26			65-0200070	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	e e e e e e e e e e e e e e e e e e e	City & State		6 Flooties Compaies Financia	
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
	LDMAN, KENNETH N., ESQ.		81 Name		
550 BILTMORE WAY / STE - 780			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
ÇÜ	RAL GABLES FL 33134		83		
			84 City	-	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607, 1508, Florida Statu	tes, the above-named co		
agent. I a	egistered agent, or boin, in the state m familiar with, and accept the obligation of the state o		torida Statutes. TE: Registered Agont signature required.	proration submits this statement for the purpose ration's board of directors. I hereby accept the a pured when reinstating.	
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FELDMAN, KENNETH N.		1.2 NAME		
STREET ADDRESS	550 BILTMORE WAY / STE - ' CORAL GABLES FL	780	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CONAL GABLES FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		La Dittit	2.1 IIILE 2.2 NAME		C Culange C Manifold
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-SI-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		i
CITY-ST-ZIP		T DELETE	3.4. CITY - ST - ZIP		D Oberes D Address
TITLE		☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		i
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		_	5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 attackment with an address.

FILED

Feb 11 1998 8:00am

Secretary of State