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. Corporation	MENT # L8769 En E. Tunstall, P.A.	98 (1)									
Principal Place of Business 2701 SW LEJEUNE RD 410 CORAL GABLES FL 33134 US		Mailing Address			B)						
		2701 SW LEJEUNE RD 410 CORAL GABLES FL 33134 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified							
						••		00		07/16/1990	
						2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0207361	Not Applicable						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional						
City & State		Cdv 8 Ctota			Fee Required						
23		Grty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be						
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid the contribution	Added to Fees						
24	25	29	30	Personal Property Tax due June 30.	Yes No						
·····	9. Name and Address of Cur			10. Name and Address of New Registere							
TUNSTALL, STEPHEN E 2701 SW LEJEUNE RD 410 CORAL GABLES FL 33134			81 Name 82 Street Ad 83 84 City	dress (P.O. Box Number is Not Acceptable)	85 7(p Code						
agent. Lar	agistored agent, or both, til the St. in familiar with, and accopt the ob- signature typed or printed hance at registered.	ale of Honda. Such change was digations of, Section 607.0505, I	s authorized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apure of the purpose of the apure of the purpose of the pur	opointment as registered						
int	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition						
NAME	TUNSTALL, STEPHEN E.		1.2 NAME								
STREET ADDRESS	2701 SW LEJEUNE RD S	TE 410	1.3 STREET ADDRESS								
CITY-S1-ZIP	CORAL GABLES FL		1.4 CITY - \$1 - ZIP								
TITLE		☐ DELETE	2.1 TIFLE		Change Addition						
NAME			2.2 NAME								
STREET ADDRESS			2.3 STREET ADDRESS								
CITY-ST-ZIF			2. 4 CHY- \$1-7IP								
TITLE		☐ DELFTE	3.1 TITLE		Change Addition						
NAME			3.2 NAME								
STREET ADDRESS			3.3 STHEFT ADDRESS								
CITY-ST-ZIP TITLE		DELETE	34. CAY-ST-ZIP 41 TITLE		Change						
NAME			4. 2 NAME		Change Addition						
STREET ADDRESS											
CITY-ST-ZIP			4.3 STREET ADDRESS								
TITLE		DITEIE	4.4 CITY - S1 - ZIP 5.1 TITLE		Change Addition						
NAME			5.2 NAME		L_ change //canton						
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-S1-ZIP								
TITLE		DELETE	61 TITLE		Change Addition						
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
51211 AV 710											

14. I heroby 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 eath; 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.

FILED

Jan 20 1998 8:00am

Secretary of State