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

PROFIT CORPORATION ANNUAL REPORT

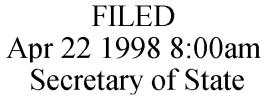
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS



	MENT # L907	- \ \-			8/8/1 8/8/1 8/8/1 8/8/1 8/8/1 8/8/1
Principal Place	e of Business	Maring Address		- I DER 1981 OLD IDEN BONN 1881 END END END END	I BIBIT GIRAL BIRIT KIRIT BIRIT KARL
7720 NW 56 WAY 7720 NW 56 WAY		*			
PH2N PH2N PH2N POMPANO BEACH FL 33073 POMPANO BEACH		PH2N		50 MOT MOVE IN THE	10.00405
		POMPANO BEACH FL 33073 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
03		00		07/16/1990	}
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0200886	Not Applicable
Suite, Apt	#, etc	Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T Country	Trust Fund Contribution	Added to Fees
Zφ	Country	Д - Z ip Гар	Country	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24	25 g, Name and Address of Curr	[29] ent Registered Agent	[30]	10. Name and Address of New Registere	
	LYNN, THOMAS S.		81 Name		
	720 NW 56 WAY		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	PH2N			ress (F.O. Box Number is Not Acceptable)	
	OMPANO BEACH FL 33073		83		
• `					
			84 City	F	B5 Zip Code
12.		ND DIRECTORS	Fingistored Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TIFLE	PD	L_I DELETE	1.1 TITLE		Change Addition
NAME	FLYNN, THOMAS S 7081 NW 75 ST		1.2 NAME		
STHEET ADDRESS	PARKLAND FL		1.3 STHEET ADDRESS		
CITY-ST-78P	STD	DELETE	2.1 TITLE		Change Addition
NAME	FLYNN, MAUREEN		22 NAME		
STREET ADORESS	7081 NW 75 ST		2.3 STREET ADDRESS		
City-St-ZiP	PARKLAND FL		2 4 City-ST-ZiP		
7)171.8		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ALIDRESS			3.3 STHEET ADDRESS		
CITY-ST-7IP			3.4. CITY-ST-ZIP		
TITLE		DELF16	4.1 THLE		Change Addition
NAME			4 2 NAME		ŀ
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7P		DELETE	4.4 COY-SY-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE NAME		L., Ditt. It	5.2 NAME		Thomas The vocation
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DILETE	61 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
DITY-ST-ZIP			64 CITY-ST-ZIP		
	ertify that the information supplied	with this filing does not qualify f		Section 119.07(3)(i), Florida Statutes further	certify that the information

4. 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 constraint or the receiver or trustee empowers 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 within address.

SIGNATURE:

4-10-98 954/725-8668