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 L91024 (4)

FILED Apr 01 1998 8:00am Secretary of State

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Outrain - LO					allian Addisc -						
Principal Place of Business Mailing Address						400					
14121 SUMMERSVILLE PLACE 14121 SUMMERSVILLE PLAC DAVIE FL 33325 DAVIE FL 33325						LAUE	Æ				
										DO NOT WRITE IN THIS SPACE	
										3. Date Incorporated or Qualified 07/17/1990	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For	
21					26					65-0213204 Not Applicable	의
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	i
22 City & State					City & State						┥
23					28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	ı
Zip	Country			120,	Zip Coui			· ······		8. This corporation owes or has paid the current year Intangible	_
24	25			29	29 30		آ			Personal Property Tax due June 30. Yes X No	
	9, Name	and	Address of Current I	Regis	tered Agent					10. Name and Address of New Registered Agent	
SC	RIVANICH,	DEN	INIS				B1	Name			
14121 SUMMERSVILLE PLACE DAVIE FL 33325							82	Street	Address	s (P.O. Box Number is Not Acceptable)	\dashv
, DA	THE PE OU	120					83				ᅱ
											4
							84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											ī
SIGNATURE											
40	Signature, typed	o pri	ited name of registered agent a OFFICERS AND I			_		nt signature	required w	when reinstaling) DATE	4
12. TITLE	 		OFFICENS AND	JINE C	DELETE		3. 1 TITLE		T	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	\forall
NAME	SCRIVA	NICE	I, DENNIS		G	- 6	2 NAME				
STREET ADDRESS 14121 SUMMERSVILLE PLACE								ADDRESS			1
	CITY-ST-ZIP DAVIE FL 33325						4 CITY-S				1
TITLE					☐ DELETE		1 TITLE			☐ Change ☐ Addition	╗
NAME						2.3	2 NAME				
STREET ADDRESS]					2.3	3 STREET	ADDRESS			
CITY-ST-ZIP							4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE					☐ DELETE	3.1	1 TITLE			Change Addition	וי
NAME						3.3	2 NAME				
STREET ADDRESS						3.3	3 STREET	ADDRESS			
CITY-ST-ZIP							4. CITY-S	T-ZIP			_
TITLE					☐ DELETE		1 TITLE			Change Addition	١
NAME							2 NAME				
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP					☐ DELETE		4 CITY - ST	T-ZIP		Change Addition	ᅴ
TITLE					☐ vereie		1 TITLE			000002474330	'
NAME							2 NAME	4BB0500		000002474330	
STREET ADDRESS								ADDRESS		***150.00	
CITY-ST-ZIP TITLE					DELETE	_	4 CITY-S' 1 TITLE	1 - Z(P		☐ Chambe ☐ Addition	\dashv
NAME					Part Official		2 NAME				1
STREET ADDRESS						1		ADDRESS		4,	-
CITY-ST-ZIP						- 1				$\sim V V$	1
0111-31-21Y	<u> </u>	- :- 1			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	1 04	4 CITY-S	1-417	1: 0:		\dashv

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further **certify** that the informatio 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 or an attachment with an address.

RVH SCRIVANICA