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 # LAW-MAR INC.

M11876

(3)

FILED Apr 20 1998 8:00am Secretary of State



District Dress of District					-\	
Principal Place of Business Mailing Address						
C/O BARRY ALAN WILEN 4601 SHERIDAN STREET. #208 4601 SHERIDAN STREET. #208 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021					DO NOT WRITE IN THIS	S SPACE
- HOLLINGOL	re soei	HOLEHOOD TE SALET			3. Date Incorporated or Qualified 02/27/1985	33.1.02
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 28		28			59-2504362	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional	
22 27						Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country			Added to Fees
24	25	— · · · · · · · · · · · · · · · · · · ·	30		This corporation owes or has paid the or Personal Property Tax due June 30.	Yes No
24	9. Name and Address of Curr		301		10. Name and Address of New Registere	
WILEN, BARRY ALAN			81	Name		
4601 SHERIDAN STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
i su	JITE 208		\ \frac{1}{2}	Oli Got Floo	1000 (1.0. Box Hallisos is Hot Accopiancy	
HOLLYWOOOD FL 33021			83			
			84	City	F	85 Zip Code
44 Purcuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	s the eboy	a-named cor	poration submits this statement for the purpose	_
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the ob	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized by rida Statute	the corpora	tion's board of directors. I hereby accept the ap-	ppointment as registered
SIGNATURE		Alote	District Ac		ired when reinstating) DATE	
12.	Signature, typed or printed name of registered OFFICERS 4	AND DIRECTORS	13.	ent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	MORRIS, KENNETH J		1.2 NAME			
STREET ADDRESS	4260 NW 107 AVE		1.3 STREET	ADDRESS		
CITY+ST-ZIP	CORAL SPRINGS FL		1.4 CITY-5	IT - ZIP		
TITLE	DV	DELETE	2.1 TITLE			Change Addition
NAME	MORRIS, LAUREL E		2.2 NAME			
STREET ADDRESS	4260 NW 107 AVE		2.3 STREET	ADDRESS		
CITY-SI-ZIF	CORAL SPRINGS FL		2. 4 CITY-	ST - ZiP		D Observed D Astronomy
TITLE		☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE	- ZIP DELETE		3.4. CITY - 4.1 TITLE	ST-ZIP		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	AUUBESS		
CITY-ST-ZIP			4.4 CITY-5			
TITLE		☐ DELETE	5.1 TITLE	· • • · · · · · · · · · · · · · · · · ·		☐ Change ☐ Addition
NAME			5.2 NAME			-
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - 9		•	
TITLE			6.1 TITLE	<u> </u>		Change Addition
NAME			6.2 NAME			
STREET ADDRESS	ĺ		6.3 STREE	ADDRESS		
	ĺ					

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 address.