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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M14701



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90299 001 *1,561.25

MAMI W	/ardrobe and props, inc).								
Principal Place	e of Business	Mailing Address					4 - MAINART (MT 21945 MIRIE 1987) DE	IBI 1181 B 1811 B 1	.a., #(#() #1#\)	91911 E1E11 (SSI
404 WASHINGTON AVE 404 WASHINGTON AVE										
SUITE 600 600							DO NOT IMPI	FE IN THIS	SDACE	
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						-	DO NOT WRIT	E IN THIS	SPACE	
US US					ļ		Date Incorporated or Qualifed			
		1 0 - A W A L L					04/29/1985 FEI Number			-tind For
Principal Place of Business 2a. Mailing Address										oplied For ot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							65-0034614			Additional
Suite, Apt. #, etc. Suite, Apt. #, 27						5.	Certifcate of Status Desired		•	equired
City & State City & State						6.	Election Campaign Financing			May Be
23 28							Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country				This corporation owes the curre	ent year Inta		
24	25	29 30)				Personal Property Tax.		L] Yes	₩ 6
	9. Name and Address of Current	Registered Agent	81	- No.		70.	Name and Address of New R	registered /	Agent	
TI IDI	NER, LAWRENCE O. JR.		81	Name	•					
404 WASHINGTON AVE			82	Street	Addres	s (P.	O. Box Number is Not Accepta	ble)		
#600			100				<u> </u>			
MIAMI BEACH FL 33139			83							
ikii-th	WI DENOTITE 33139		84	City					85 Zip	Code
				<u> </u>				FĻ		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	i Florida. Such change was auth	ionzed by	the corp	poration'	s boa	ard of directors. I hereby accep	ot the appoir	ntment as re	egistered
SIGNATURE		and title if applicable (NOTE: Pe	egistered Ager	d evenatura	romined w	hon rei	instatura)	DATE		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	it signaturo	required w	A	DDITIONS/CHANGES TO OF		D DIRECTO	ORS IN 12
TITLE	D	DELETE	1.1 TITLE						Change	Addition
NAME	TURNER, ROBERTA BACKUS	_	1.2 NAME							
STREET ADDRESS	404 WASHINGTON AVE., #600		1.3 STREET	TADDRESS	3					
MANU DEACH EL			1.4 CITY-ST-ZIP							
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE	1-2)	+ -				Change	Addition
NAME	TURNER, LAWRENCE O. JR.		22 NAME							
STREET ADDRESS	404 WASHINGTON AVE #600		2.3 STREE	T ADDRESS						
	MIAMI BEACH FL		2.4 CITY- 9		1					Ì
CITY-ST-ZIP	THE WILL DESTROY	☐ DELETE	3.1 TITLE		 				Change	☐ Addition
NAME I	•	_	3.2 NAME							
STREET ADDRESS			3.3 STREET	TADDRESS	,				,	
CITY-ST-ZIP			3.4. CITY-S							
TITLE		☐ DELETE	4.1 TITLE		1				Change	Addition
NAME			4. 2 NAME							
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CITY-ST-ZIP			4.4 CITY-S							
TITLE		☐ DELETE	5.1 TITLE		1				☐ Change	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	T ADDRESS	3					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE		1				Change	☐ Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS	s					
OTELL MEDICESS			CACITY O	T 710	1					

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, with all other like empowered.

SIGNATURE: