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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

AININ	1998	7.7	y of State ORPORATIONS	Secretary	of State
1	MENT # M2148 ICER AND KLEIN, PROFESS	` '			
Principal Plac	se of Business	Mailing Address			ENDIN BOOK ENDIN BURKE DIDER NOTE
,	ell avenue I	801 BRICKELL AVENUE SUITE 1901 MIAMI FL 33131		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	S SPACE
2. Principal F	Place of Business	2a. Mailing Address		10/03/1985 4. FET Number	
21	Too or business	26		59-2626836	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State 28		6. Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has paid the d	′ ′
24	25] 9. Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	(LEIN, BRENT D.	redistered when	81 Name	10. Name and Address of New Registere	a Agent
S N	01 BRICKELL AVENUE SUITE 1901 ILAMI FL 33131 to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	83 84 City S. the above-named corporal thorized by the corporal	ress (P.O. Box Number is Not Acceptable) For a submits this statement for the purpose tion's board of directors. I hereby accept the a	
SIGNATURE	Signature, typed or printed har ic of registered ages	(and the Lappes also (NOTE)	Registered Agent signature requi	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	Driene 🔲	1.1 TOLE		Change Addition
NAME	SPENCER, THOMAS R., JR.		1.2 NAMI		
STREET ADDRESS	801 BRICKELL AVE		1.3 STREET ACOURTSS		
CITY-ST-ZIP TITLE	MIAMI FL DST	DELETE	14 ChY+ST-7IP		
NAME	KLEIN, BRENT O.	[_] [V[1] []	21 THEF 22 NAME		Change Addition
STREET ADDRESS	801 BRICKELL AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY - ST - ZIF		
TITLE		DELLTE	3.1 1011	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	4.1 TULE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET AODRESS 4.4 CHY+ST-7IP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4.C(1Y+S1+7)P	·····	
TITLE		DELFTE	617016		Li Change L. J Addition
NAME STREET ADDRESS			6.2 NAME		
OTV. ST. 710	•		6.3 STREET ADDRESS		

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 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 15 1998 8:00am