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

(6)

Secretary of State

FILED

May 13 1998 8:00am

JEFFHE	EY M. SHEPPARD C.P.A., P./	4.			e 15-6 (hái) chá á (h) (phùs à (ha) 16 (h) chá chá á cha á cha	: Bidit Bibi Atail Gibis 1884
Principal Plac	e of Business	Mailing Address	<u>-</u>		- I JODANDRII IIA RUFEI ADRIN EIRAR INIDA NIDA MEDIT DIME	r Bross Britis Didist Britis 1001
555 S FERDRAL HWY 3057 PERRIWINKLE						
400		STE 208		DO NOT WEITE IN THE	00405	
BOCA RATON FL 33432		DAVIE FL 33328 US		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	SPACE	
**		00			10/06/1987	
2. Principal P	lace of Business	2a. Mailing Address	 -		4. FEI Number	Applied For
21 1776	a) PINE ISLAND RD	26			65-0008051	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional	
22 # 118		27		5. Certificate of Status Desired	Fee Required	
23 PLANTATION, FC		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	vent year Intangible
24 3337		29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Hegistered Agent	81 1	lame	10. Name and Address of New Registered	Agent
SHEPPARD, JEFFREY M.				ame		
3057 PERRIWINKLE CIR DAVIE FL 33328			82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)	
UA	VIC PL 33320		83			
1						
			84 C	ity	EI	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-in				amed corpo	eration submits this statement for the purpose of	changing its registered
I Office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	J. Florida, Such channa wae a	authorized by the	e corporatio	on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	The state of the s	010 01, 5001011 001.0000, 110	nica otaldios.			
SIGNATURE	Signature, typed or printed name of registered agent	and triu if applicable (NOTI	Registered Agent s	gnature required	d when reinstering) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DP IEEEDEN M	☐ DELETE	1.1 TITLE			Change Addition
NAME	SHEPPARD, JEFFREY M. 3057 PERRIWINKLE CIR		1.2 NAME			
STREET ADDRESS	DAVIE FL		1.3 STREET ADO	1		
CITY-ST-ZIP TITLE	DAVIETE	DELETE	1.4 CITY-ST-ZI 2.1 TITLE	<u> </u>		Change Addition
NAME		beer	2.7 NAME			Change C Addition
STREET ADDRESS	is		2.3 STREET ADDRESS			
CITY-ST-ZIP			2 4 CITY-ST-Z			
TITLE			3.1 TITLE	<u>" </u>		☐ Change ☐ Addition
NAME	32		3.2 NAME			
STREET ADDRESS			3 3 STREET ADD	RESS		
CITY-ST-ZIP			3.4. CITY-ST-Z	Р		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADD	ress		
CITY-ST-ZIP		T	4.4 CITY-ST-ZII	·		
TITLE		DETEA	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZII	<u> </u>		Change Addition
NAME		U VELETE	61 TITLE			Change Addition
			6.2 NAME	0500		
STREET ADDRESS			63 STREET ADD	HESS		

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.