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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M61052

(0)

FILED
May 01 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address	IENIO 1100: BEDAN DIDIN DIDIN MIDIN DIBIN DIBIN BARNI 1904
SUITE 219 FT LADUERDLAE FL 33308-5201 US DO NOT W SUITE 219 TT LAUDERDDLAE FL 33308-5201 DO NOT W 3. Pate Incorporated or Quality	VRITE IN THIS SPACE
10/20/1987	
2. Principal Place of Business 21. SOAS N. Technol Hux 65-0089938 Suite Apr. # etc.	Applied For Not Applicable
5. Certificate of Status Desired	d Fee Required
City & State Trust Fund Contribution City & This corporation care or by	Added to Fees
29 33306 25 29 33306 30 Personal Property Tax due	as paid the curre it year Intangible June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New	
BRUCE SIRKUS 81 Name	
82 Street Address (P.O. Box Number Not Acce	eptable)
PT-HUDGROALE EL 33308	MOU HOU
83 Sate LO-D	
84 (41)	- 85 Zip Code 4
1 TV IOLIA	FL " 33306
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the eve-named corporation submits this statement for office or registered agent, or both, in the State of Florida. Such change was authorize by the corporation's board of directors. I hereby a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States.	the purpose of changing its registered accept the appointment as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida States.	
SIGNATURE Signature, typed or profiled frame of registered agent and late if applicable (NOTE RegisterAgent signature required when reinstating)	DATE
12. , OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
TITLE PSD DELETE 1,1 TE	Change Addition
NAME SIRKUS, BRUCE 12 ME 2045 N TO	low I How ALOD
STREET ADDRESS CITY-ST-7IP FILAUGEDDALE FL 1.3 SET ADDRESS 1.4 - SI-7IP	
	1 53306
TITLE VTD DELETE 2.1	L_ Change L_ Addition
NAME SIRKUS, NANCY STREET ADDRESS 22 T ADDRESS 22 T ADDRESS	
STREET ADDRESS	
CITY-SI-ZIP FLIATIFICALE FL 2.4 ST-ZIP TITLE DELETE 3.1	Change Addition
NAME 32	·
STREET ADDRESS 3.3 T ADDRESS	1
CITY-ST-ZIP 3.4. ST-ZIP	}
TITLE DELETE 4.11	Change Addition
NAME 4 2 ME	
STREET ADDRESS 4.3 SET ADDRESS	
CITY-ST-ZIP 4.41-ST-ZIP	
TITLE DELETE 51E	Change Addition
NAME 524E	į
STREET ADDRESS 5.3.EET ADDRESS	
CITY-ST-ZIP	Change Addition
NAME 6.24E	C printing L1 Modition
STREET ADDRESS	
CITY-SI-ZIP 64'-SI-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the emption stated in Section 119.07(3)(i), Florida Statute indicated on this annual report or supplemental annual report is true and accurate alhat my signature shall have the same legal effect	es. I further certify that the information

inscaled on this annual report or supplemental annual report is the and accurate areal my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee expowered to executes report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for on an attachment with an address.

SIGNATURE:

Dun

4/17/ 98