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 # M64275

(4)

DOBEK & ASSOCIATES, INC.

FILED Apr 17 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									, 6,6,,,,,,,,	
% SHERYL L. DOBEK 1290 E. OAKLAND PK										
1290 E OAKLAND PK BLVD. #4666F FT LAUDERDALE FL 33334			FT. LAUDERDALE FL 3334				DO NOT WRITE IN THIS SPACE			
US	ILE I'L SSSSA	US				3. Date Incorporated or Qualified				
							01/11/1988			
2. Principal P	ace of Business		2a. Mailing Address				4. FEI Number	Ar	oplied For	
21			26				65-0041768	Nic	ot Applicable	
\$0100 Apt 22	#/01		(27) Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				6. Election Campaign Financing	\$5.00 May Be		
23	·····r··· <u>·</u>		28	T			Trust Fund Contribution	Added		
Z _{ip}	— — — — — — — — — — — — — — — — — — —	ountry	- Ζιρ ∷_]	Cou	ntry		8. This corporation owes or has paid the		angible No	
24	25]	Address of Current R	29]	30			Personal Property Tax due June 30. 10. Name and Address of New Register.		200	
			egistered Agent	·	81	Name	10. Name and Address of New Hagister	A Agoit		
	Bek, Sheryl L XX e oakland i									
	NE DANDINO I	82 Street Add			Street Addr	dress (P.O. Box Number is Not Acceptable)				
1	LAUDERDALE F	B3					7 • 1			
''	CHODENDALL I	L 00004								
					84	City	F	L 85 Zip	Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE										
Stgnature, typed or printed name of registered agent and title if applicable (NOTE: Reg						it signature requir	red when reinstating) DAT			
12.	565	OFFICERS AND D	· *** ** * · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS A	Change	RS IN 12	
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NAME		AND PK BLVD., #4	AAD	1.2 NA		1000000	ut a			
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CITY-ST-ZIP					ITY-ST					
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14. Thereby 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 anachment with an address.

SIGNATURE:

(954)565-0542