## 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

## **FILED** Apr 24 1998 8:00am Secretary of State

	MENT # M6812 ND, INC.	26 (5)			
Principal Place	e of Business	Mailing Address			ildir a(gir 21011 ölgir 01011 1001
M. CHADLES					
MIAMI TL-001	# Avenue	IMAMI-FL-33148		DO NOT WRITE IN TH	IS SPACE
Boom A	Lerton, Pla. 3342	18 Esame		3. Date Incorporated or Qualified 02/08/1988	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0035657	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	
<u></u>	9. Name and Address of Curre			10. Name and Address of New Registers	<del></del>
RU	BIN, CHARLES D.		81 Name		
-826	MAN OUTH AVENUE 9623	1 Parkview Ave	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	WHIFE 33148 Boca	Raton, Fla	83	areas (1.0. Box Hornber is Not Acceptable)	
	3348				7-0-4
		•	84 City	F	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered as	·	Registered Agent signature requ	poration submits this statement for the purposition's board of directors. I hereby accept the a function of the statement for the purposition's board of directors. I hereby accept the a function's board of directors. Additionally board when reinstating the purposition's board of directors. I hereby accept the addition of the purposition's board of directors. I hereby accept the addition of the purposition's board of directors. I hereby accept the addition of the purposition's board of directors. I hereby accept the addition of the purposition of the purposition of the purposition's board of directors. I hereby accept the addition of the purposition of the	E
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONO/OTANGEO TO OFFICENS A	Change Addition
NAME	PHRIN CHARLES D	<del></del>	1.2 NAME		
STREET ADDRESS	8204-SW-04-AVENUE 162	.z Parkview Ave.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMIE EL 3.0	ca Raton, Pla	1.4 CITY - ST - ZIP		
TITLE	32	43-8 DELETE	2.1 TITLE		Change Addition
NAME	-3	) 14 <b>0</b>	2.2 NAME		
STREET ADDRESS			2.3 STREFT ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 C/TY-ST-ZIP		Change Addition
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	4.1 TITLE		Change Addition
NAME		<del></del>	4.2 NAME		_ • • —
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T beleve	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St-7fP			6.4 City - ST - ZIP		

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.