| FILE   | NOW: FILIN   | IG FEE AFT   | ER MAY 1ST I   | S \$550  | 00.0                      | , ,                      | FI FI   | LEI                                 | )                            |                              |
|--|--|--|--|--|---------------------------|--------------------------|---|-------------------------------------|------------------------------|------------------------------|
| CORF<br>ANNUA  | PROFIT CORPORATION ANNUAL REPORT 1998                                  |  | FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS |  | E                         | Jul 29 19<br>Secreta     |   |                                     |                              |                              |
| DOCUM<br>1. Corporation<br>BERTLIS   | IENT # <b>(</b><br>Corporatio  | <b>//79785</b><br>N  | (5)  |  |                           |                          |   |                                     |                              |                              |
| Principal Place of Businoss Mailing Address  2699 STIRLING ROAD 2699 STIRLING ROAD SUITE C-404 SUITE C-404 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 |  |  |  |  | - 241 -                   |                          | DO NOT W  | RITE IN THI                         |                              | ill B1911 1681               |
| US   |  |  | US   |  |                           |                          | 3. Date Incorporated or Qualif 05/03/1988   | ied                                 | <del></del>                  |                              |
| 2, Principal Place 21  | De of Business   | ķ  | 2a. Mailing Address  |  |                           |                          | 4. FEI Number<br>65-0070735   |                                     | t—t-                         | pplied For<br>lot Applicable |
| Sulte, Apt. #,   | etc.   |  | Suito, Apt. #, etc.  |  |                           |                          | 5. Certificate of Status Desired  |                                     |                              | Additional<br>equired        |
| City & State   |  | 2  | City & State   |  |                           |                          | 6. Election Campaign Financin Trust Fund Contribution                               | ) <sub>8</sub> 🗆                    |                              | May Be<br>to Fees            |
| Zip 24   | 25<br>9. Name and Add  | 2  | Zipi<br>29   | Countr   | У                         |                          | This corporation owes or hat Personal Property Tax due.     Name and Address of New | June 30.                            | Yes [                        | ntangible<br>No              |
| DAGEN, SHELDON D.<br>2699 STIRLING RD<br>STE C-404<br>FT LAUDERDALE FL 33312   |  |  |  |  | City                      | eet Addre                | ess (P.O. Box Number is Not Acce  | F                                   |                              | Code                         |
| office or reg<br>agent. I am   | the provisions of Se<br>pistered agent, or bo<br>familiar with, and ac | ctions 607.0502 an<br>th, in the State of F<br>copt the obligation | d 607.1508, Florida Statute<br>lorida: Such change was e<br>s of, Section 607.0505, Flo      | es, the above<br>authorized b<br>orida Statute | ve-nan<br>sy the e<br>ss. | ned corpo<br>corporation | oration submits this statement for on's board of directors. I hereby a              | the purp <b>ose</b><br>accept the a | of changing<br>ppointment as | ts registered<br>registered  |
| <u> </u>   | gnature, typed or printed ha   | <del></del>  |  |  | gerit sign                | ature require            | d when reinstating)   | DATE                                |                              |                              |
| 12.  | PTD  | OFFICERS AND DI  | RECTORS  DELETE  | 13,  |                           |                          | ADDITIONS/CHANGES TO C  | FFICERS A                           | ND DIRECTO<br>Change         |                              |
| NAME<br>STREET ADDRESS   | DAGEN, SHELDO<br>2699 STIRLING   | RD STE C-404   |  | 1.2 NAME<br>1.3 STREE                          |                           | ss                       |   |                                     | onengo                       |                              |
| CITY-ST-ZIP  | FT LAUDERDALE  | FL   | Destar   | 1.4 CITY-                                      | ST - ZiP                  |                          |   |                                     | T lau                        |                              |
| TITLE NAME   |  |  | ☐ DELETE   | 2.1 TITLE<br>2.2 NAME                          |                           | }                        |   |                                     | Change                       | Addition                     |
| STREET ADDRESS   |  |  |  | 2.3 STREE                                      |                           | ss                       |   | *                                   |                              |                              |
| CITY - ST - ZIP  |  |  |  | 2. 4 CiTY                                      | ST-ZIP                    |                          |   |                                     |                              |                              |
| NAME STREET ADDRESS  |  |  | ☐ DELETE   | 31 TITLE<br>32 NAME<br>3.3 STREE               |                           | ss                       |   |                                     | ∐ Change                     | Addition                     |
| CITY - S1 - ZIP  |  |  | *  | 3.4. CITY-                                     |                           |                          |   | ·                                   |                              |                              |
| TITLE  |  |  | ☐ DELETE   | 4.1 TITLE                                      |                           | }                        |   |                                     | Change                       | Addition                     |
| NAME<br>STREET ADDRESS   |  |  |  | 4 2 NAME<br>4.3 STREE                          |                           | ss                       |   |                                     |                              |                              |
| CITY-ST-ZIP  |  | <b>-</b>   |  | 4.4 CITY -                                     |                           |                          |   |                                     |                              |                              |
| TITLE  |  |  | DELETE   | 5.1 TULE                                       |                           | 7                        |   |                                     | Change                       | Addition                     |

14. I heroby certify that the information supplied with this filing cloes 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 trusted 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.

SHELDON D. DAGEN

7/1/98

917.964.9/60

6.4 CITY - ST - ZIP

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE

CITY - ST - ZIP

STREET ADDRESS

SHELDON D. DAGEN

7/21/98 954.964.9160

Change Addition