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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 05 1998 8:00am Secretary of State

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Principal Dia	on of Business		Mailing	2 Addross					
•	ce of Business		•	Address					
#VC13	ersity drive			321 N. UNIVERSITY DRIVE #VC13					
PLANTATION FL 93924			PLANTATION FL 33324			DO NOT WRITE IN THIS SPACE			
US			US				3. Date Incorporated or Qualified		
2. Principal	Place of Business		2a. Ma	iling Address			07/01/1988 4. FEI Number		Applied For
21			26	J			65-0063150	— <del></del>	Vot Applicable
Sulte, Apt	t. <b>#, et</b> c.		Sui	te, Apt. #, etc.			5. Certificate of Status Desired		Additional
22		<del></del>	27	1.0				Fee	Required
City & Sta	ile		_ <del>                                    </del>	y & State			6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	- 1 0	Sountry	<b>28</b> Zip	<u> </u>	Country	v	Trust Fund Contribution  8. This corporation owes or has pa		d to Fees
24	25	· · · · · · · · ·	29		30	,	Personal Property Tax due June	process .	∏ No
	9. Name and	Address of Curre	nt Registere	d Agent			10. Name and Address of New Re-	gistered Agent	
H	assanein, magi	DY M.			81	Name			
	331 N.W. 110TH				82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
C	oral springs i	-L 33065			83	ļ			
					84	City		FL 85 Zij	Code .
		of Sections 607.050 or both, in the State of accept the oblig	02 and 607.19 of Florida. Spations of, Sec	508, Florida Stati Juch change was ction 607.0505, I	utes, the above a authorized by Torida Statute	re-named cor y the corpora is.	rporation submits this statement for the palion's board of directors. I hereby accept		its registered is registered
SIGNATURE		of Sections 607.050 or both, in the State of accept the oblig of name of registerer age OFFICERS AN	ont and title if app	l-cable (NO	OTE: Registered Ag		Jired when reinstating)	urpose of changing of the appointment a	
	Signature, typeid or print	of name of registered age OFFICERS AN	ont and title if app	l-cable (NO				urpose of changing of the appointment a	DRS IN 12
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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.

CICALATURE.

Konda Herrica

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