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PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

 								
DOCUMENT # PO3008 (0)								
	OAKRID	ige enterprises, inc.						
						I INDIANO NA DELETA PARA ESPA DELETA	BUL BURN BURN BURN BURN BURN	
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Prin	ncipal Place	e of Business	Mailing Address					
19707 TURNBERRY WAY			19707 TURNBERRY WAY					
27 J AVENTURA FL 33180			27J AVENTURA FL 33180			DO NOT WRITE IN THIS SPACE		
US			US		3. Date Incorporated or Qualified			
						08/13/1984		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number		plied For
21	Suite, Apt.	# ala	26 Suite, Apt. #, (n4.		54-0951898		t Applicable
22	Suile, Apt.	#, etc.	27 Suite, Apr. #, t	eic.		6. Certificate of Status Desired	□ \$8.75 A	
	City & State	3	City & State	<u>_</u>		6. Election Campaign Financing	\$5.00	
23	•		28			Trust Fund Contribution	☐ Added t	
	Zip	Country	Zip		Country	8. This corporation owes or has p	aid the current year Inte	angible
24		25	29	30		Personal Property Tax due Jun		No
		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	
	PHO	DER, BERNARD			81 Name			
		07 TURNBERRY WAY #27J			82 Street Ad	ddress (P.O. Box Number is Not Accepta	able)	
	197				1 1	***************************************		
	197	MIAMI BEACH FL 33180			93			
	197	MIAMI BEACH FL 33180			83			
	197	MIAMI BEACH FL 33180			83 City		85 Zip (Code
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	1974 N. A		22 and 607.1508, Florida of Florida, Such chang others of Section 607.0	a Statutes, the	84 City	orporation submits this statement for the oration's board of directors. I hereby acce	FL '	
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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 change II, or optan attachment with an address.

6.4 CITY-ST-ZIP

FILED

Mar 20 1998 8:00am

Secretary of State