## 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 #

(4)

## **FILED** May 12 1998 8:00am Secretary of State

WILLIAI 	MSBURG-ZLOTOFF, INC.					
Principal Place	e of Business	Mailing Address				iri Benes didis Alazi arbis Albes sanı
2025 W. LONG LAKE ROAD SUITE 104 2025 W. LONG LAKE ROAD : TROY MI 48098				E 104		
TRUT ME 40000 TRUT ME 40000				DO NOT WRITE IN THIS SPACE		THIS SPACE
					3. Date Incorporated or Qualified 11/13/1986	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21 26					38-2708419	Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27			v. Continuate of citatis position	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Col	untry	Trust Fund Contribution	
24	25	29	30	,, ,,, <b>,</b>	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	ne current year intangible
271	9. Name and Address of Currer		[30]	Τ	10. Name and Address of New Regist	
SINGER, GIORA Y.				81 Name		
6305 WESTWOOD BLVD #200				B2 Street A	oddress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32821				511661	Coress (F.C. Box Normber is Not Acceptable)	
				83		
				84 City	· · · · · · · · · · · · · · · · · · ·	B5 Zip Code
						FL!!
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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	m familiar with, and accept the obligi	ations of, Section 607.0505.	Florida Sta	tules.		
SIGNATURE						DATE
12.	Signature hyped or punied name of registered age OFFICERS AN		13.	d Agent signature r	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS	N
TITLE	P	DELETE	1,1 70	TLE	ADDITIONAL TO STATE OF THE STAT	Change Addition
NAME	ZLOTOFF, PAUL		1,2 N	AME		
STREET ADDRESS	280 DAINES STSTE 300		1.3 \$	TREET ADDRESS		] [
CITY-ST-ZIP	Birmingham Mi		1.4 C	ITY+ST-ZIP		Ĭ
TITLE	8	DELETE	21 TI	TLE		Change Addition
NAME	SINGER, GLORA Y		2.2 N	AME		
STREET ADDRESS	6035 WESTWOOD BLVD., ST	E. 200	2.3 S	TREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.40	CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TI	l l		☐ Change ☐ Addition
NAME			3.2 N	4		
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE		TTY - ST - ZIP		Change Addition
TITLE NAME		i pereue	4.1 TI 4.2 N			C curatific C vontroit
STREET ADDRESS				THEET ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	5.1 Ti	TLE		Change Addition
NAME		<u></u>	5.2 N			
STREET ADDRESS			1	FREET ADDRESS		
CITY-ST-ZIP			- 1	ITY-ST-ZIP		
TITLE		DELETE	6.1 TI			Change Addition
NAME			6.2 N	AME		
STREET ADDRESS	_		6 3 S1	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP		

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 higher tweether than the properties of the corporation or the higher theorem 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 higher theorem is true and accurate and that my name appears in Block 12 or Block 13 if changed, or on an attribute an address.

**SIGNATURE:**