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 Mar 20 1998 8:00am Secretary of State

| DOCU 1. Corporation GGRI, | | (O) | | | |
|--|--|------------------------------------|--------------------------------|--|-----------------------------------|
| Principal Plac | ce of Business | Mailing Address | • • | C CONTINUE TO BE THE TENTO TO BE AND | aldii aibil Bibil didii (08) |
| 1415 E. SUNRISE BLVD. 1415 E. SUNRISE BLVD. | | | | | |
| 10TH FLOOR 10TH FLOOR | | | | | |
| FT. ŁAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 | | | 4 | DO NOT WRITE IN THIS | SPACE |
| | | | | 3. Date Incorporated or Qualified | |
| B. Dringing Discout Durings | | | | 11/14/1988 | |
| | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 25 25 Suite, Apt. #, etc. Suite, Apt. #, etc. | | Suite Ant # etc | | 22-2962648 | Not Applicable |
| 22 | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State City & State | | | | 8 Floating Compaign Figureing | |
| 23 | • | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | This corporation owes or has paid the cur | |
| 24 | 25 | 29 | 30 | | Yes No |
| | 9. Name and Address of Current I | | | 10. Name and Address of New Registered | |
| MILLER, ME 81 Name COCOCCUMO Service COMDANU - | | | | | |
| 1415 E. SUNRISE BLVD. | | | | Address (P.O. Box Number is Not Acceptable) | myunu _ |
| 10TH FLOOR | | | 0.7001 | Address (P.O. Box Number is Not Acceptable) | · / |
| FT. LAUDERDALE FL 33304 | | | | | |
| | | | 84 City | | 85 Zip Code |
| | | | " " | Tallahassee FL | 3250 |
| 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 registered 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 registered agent. I am familiar fully, and pocept the objection 607.0505, Florida Statutes. | | | | | |
| agent. I am jam lar yoith, and accept the appointment as registered | | | | | |
| SIGNATURE | HI & Mul | le | | | Ì |
| -10 | Schalure, typed or printed name of registriced agent a | V | | e required when reinstating) DATE | |
| 12. | OFFICERS AND (| DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND | |
| TITLE | SANCTIS, DE | | 1.1 TITLE | DE SANCTIS, KEUIN | Change Addition |
| NAME | 1415 E. SUNRISE BLVD. | | 1.2 NAME | DC 271100 110, 110 | |
| STREET ADDRESS | FT. LAUDERDALE FL 33304 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | DVF | DELETE | 1.4 CITY-ST-ZIP | | XI Change Addition |
| NAME | ALLISON, JAVID R | □ DECETE | | ALLISON, JOHN R. | Change |
| | 1415 E. SUNRISE BLVD. | | 2.2 NAME | ALLISON, JOHN N. | |
| STREET ADDRESS | FT. LAUDERDALE FL 33304 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | EVD | DELETE | 2. 4 CITY- ST-ZIP 3.1 TITLE | | Change Addition |
| NAME | ADAMO, CAWRENCE D | FT DECEIE | | ADAMO, CHARLES | Change Addition |
| | 1415 E. SUNRISE BLVD. | | 3.2 NAME | AURITO, CHARGES | |
| STREET ADDRESS | FT. LAUDERDALE FL 33304 | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VS | ☐ DELET Ë | 3.4. CITY-ST-ZIP | | |
| TITLE | MURTHA, W.C. | | 4.1 TITLE | | Change Addition |
| NAME | 1415 E. SUNRISE BLVD. | | 4. 2 NAME | | |
| STREET ADDRESS | FT. LAUDERDALE FL 33304 | | 4.3 STREET ADDRESS | | , |
| CITY-ST-ZIP | FI. LAUDERDALE FL 33304 | DECEZE | 4.4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | // | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 2 / 2/ |
| \$TREET ADDRESS | | | 5.3 STREET ADDRESS | <i>//</i>) \ | <i>5</i> /- × ∨ ∪ |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | // . | |
| TITLE | | ☐ DELETE | 6.1 TITLE | 60000246455 -03/23/980100802 | nange Addition |
| NAME | | | 6.2 NAME | -03/23/98n1nnsn2 | 2 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | ***150.00 | |
| CITY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | |
| 14. Lhereby o | ertify that the information supplied with | this filing does not qualify for t | the exemption state | ed in Section 119 07/3)(i) Florida Statutes, Liturther cor | tifu that the information |

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 superimental 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 in 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.

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