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FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9200000 1541**
1. Corporation Name: **MELBOURNE HOLDINGS, INC.**

Principal Place of Business: **C/O M. Miller**
Mailing Address: **# 1704 PARKER PLAZA**
2030 SOUTH OCEAN DR.
HALLANDALE, FL 33009 U.S.A.

2. Principal Place of Business: **AS ABOVE**
2a. Mailing Address: **AS ABOVE**
21. Suite, Apt. #, etc.: **AS ABOVE**
26. Suite, Apt. #, etc.: **AS ABOVE**
22. City & State:
27. City & State:
23. Zip: Country:
28. Zip: Country:
24. Zip: Country:
29. Zip: Country:
30. Zip: Country:

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **NOV. 5, 1992.**
4. FEI Number: **65-0380765**
Applied For: ☐ Not Applicable
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
Kenneth A. Friedman
2020 N.E. 163rd St.
North Miami Beach FL 33162

10. Name and Address of New Registered Agent:
81. Name: **MAX MILLER**
82. Street Address (P.O. Box Number is Not Acceptable): **#1704 PARKER PLAZA**
83. **2030 South Ocean Drive**
84. City: **HALLANDALE** FL 85. Zip Code: **33009**

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 with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Max Miller** **MAX MILLER** DATE: **Aug. 6 /98**

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Sheila Cohen	
STREET ADDRESS	1832 Bayshore Rd. SW	
CITY-STATE-ZIP	Calgary, Alberta, Canada T2V 1M1	
TITLE	Secretary	☐ DELETE
NAME	Sheila Cohen	
STREET ADDRESS	1832 Bayshore Rd. SW	
CITY-STATE-ZIP	Calgary, Alberta, Canada T2V 1M1	
TITLE	President	☐ DELETE
NAME	Sheila Cohen	
STREET ADDRESS	1832 Bayshore Rd. SW	
CITY-STATE-ZIP	Calgary, Alberta, Canada T2V 1M1	
TITLE	President	☐ DELETE
NAME	Sheila Cohen	
STREET ADDRESS	1832 Bayshore Rd. SW	
CITY-STATE-ZIP	Calgary, Alberta, Canada T2V 1M1	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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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.

SIGNATURE: **Sheila C. Cohen** **SHEILA C. COHEN** DATE: **June 30/98** **403-281-6559**

CR2E034 (10/97)