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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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FILED
May 22 1998 8:00am
Secretary of State

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Zip Country Zip Country Zip Country Zip Country Zip Zip Country Zip Zi
24 333/7 25 25 29 333/7 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent HEINTZ, JOHN 2692 N UNIVERSITY DR #10 SUNRISE FL 33323 84 The provisions of Socilous 607 0502 and 607 1508, Florida Stalutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of Socilous 637.0505, Florida Statutes.
9. Name and Address of Current Registered Agent HEINTZ, JOHN 2692 N UNIVERSITY DR #10 SUNRISE FL 33323 B4 SUNRISE FL 33323 B4 SUNRISE FL 33323 B4 SUNRISE FL 33323 B4 SUNRISE FL 33323 B5 B6 B7 B7 B7 B8 B8 B8 B8 B8 B8 B8
HEINTZ, JOHN 2692 N UNIVERSITY DR #10 SUNRISE FL 33323 84 The provisions of Socilions 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.
2692 N UNIVERSITY DR #10 SUNRISE FL 33323 82 Street Address (P.O. Box Number is NonAcceptable) 83 84 84 85 86 87 88 89 89 80 80 80 80 80 80 80
SUNRISE FL 33323 84 BADIE FL 85 Zip Code 33317 11. Pursuant to the provisions of Socilous 607 0502 and 607 1508, Florida Stalutes, 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, and apospt the obligations of Section 607.0505, I forida Statutes.
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agent. Lam familiar with, and accept the obligations of Section 697.0505, Florida Statutes.
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I SIGNATURE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature appeal or product of recordered agree and the 4 appeal able (NOTE Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIFLE D DELETE 1.3 TITLE Addition
NAME HEINTZ, JOHN STREET ADDRESS 2692 UNIVERSITY DR #10 CITY-ST-ZIP SUNRISE FL 33323 12 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DAVIE, FL 33317
STREET ADDRESS 2692 UNIVERSITY DR #10 1.3 STREET ADDRESS 23206 E.F. F. D. KORA, SOITE 109
CITY-ST-ZIP SUNRISE FL 33323 14 CITY-ST-ZIP DAVIE, FL 333/7
TITLE DELETE 2.1 TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP
CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition
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TITLE DELETE 4.1 TITLE Change Addition
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CITY-ST-ZIP 54 CITY-S1-ZIP
TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 54 CITY-S

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 on the receiver or trusted 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.

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ASD 581-1889