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 # P93000004168 (9)

SHERRI B. SIMPSON, P.A.

FILED Apr 30 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address								
6200 STIRLING ROAD 6200 STIRLING ROAD										
DAVIE FL 33314 DAVIE FL 33314					ŀ	DO NOT WRITE IN THIS SPACE				
					H	3. Date Incorporated or Qualified	111110	JI AUL		
						01/19/1993				
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		TAC	oplied For	
	N University Dr	26 1868 N.U.	4	who f)r	65-0385664			ot Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.					7			\$8.75		
2 306 27 306					f	5. Certificate of Status Desired		Fee Re	equired	
City & State City & State City & State City & State Plantation, F						6. Election Campaign Financing		\$5.00	May Be	
3 Ylan	<u>~ F</u>	bride		Trust Fund Contribution						
^{Zip}	Country	Zip	_ Cour	itry	}	8. This corporation owes or has pa	-			
<u> 4 333</u>	322 25 USA		30 (DSKE		Personal Property Tax due June			No	
	9. Name and Address of Currer	nt Registered Agent		0.1 Name		10. Name and Address of New Re	gistered /	Agent		
SEIDMAN, CAROL 81					1 Name					
7800 W. OAKLAND PARK BLVD					82 Street Address (P.O. Box Number is Not Acceptable)					
#102										
SU	NRISE FL 33351		٠ ا ٔ	83						
				84 City				85 Zip (Code	
				_l			<u> </u>			
11. Pursuant to	o the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida Statules : of Florida. Such change was au	s, the ab thorized	ove-named by the cort	i corpora poration	ation submits this statement for the p 's board of directors. I hereby accep	urpose of of the app	changing its ointment as	s registered registered	
	n familiar with, and accept the oblig									
SIGNATURE										
	Signature, typed or pented name of registered age OFFICE OS AN	D DIRECTORS	Registered	Agent signature	a required w	vion reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PEDS AND	DIDECTOR	S IN 12	
TITLE	PSTD	DELETE	1.1 1 1	F	T	ADDITIONS/CITANGES TO CITTLE		Change	Addition	
NAME	SIMPSON, SHERRI B					-				
STREET ADDRESS	6200 STIRLING ROAD		1.3 STREET ADDRESS 1 8		186	ه بنایعیمیری له و	Drive	Suite	306	
CITY-\$T-ZIP	DAVIE FL 33314		1.4 CITY-ST-ZIP		10	is a University intation, Florid	(3	3332	>	
TITLE		DELETE		2.1 TITLE		wra Hon, Plond	(<u> </u>	Change	Addition	
NAME			2.2 NA							
STREET ADDRESS				EET ADDRESS	1					
CITY-ST-ZIP				Y-S1-71P						
TITLE	DELETE			3.1 TITLE				Change	Addition	
NAME			3.2 NAME					_ ,		
STREET ADDRESS			3.3 STR	EFT ADDRESS					ļ	
CITY-ST-ZIP				Y-ST-ZIP						
TITLE	DELETE			4.1 TITLE		***************************************		Change	Addition	
NAME			4. 2 NA	ME	\					
STREET ADDRESS			4.3 STR	EET ADDRESS						
CITY+ST-ZIP			4.4 CIT	Y-ST-ZIP						
TITLE	☐ DELETE			5.1 TITLE				Change	Addition	
NAME			52 NAM	AE.						
STREET ADDRESS			5.3 STR	eet address						
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	<u> </u>					
TITLE		DELETE	ह 6.1 गम	F				Change	Addition .	
NAME			6.2 NA	ΛE						
STREET ADDRESS			6.3 STR	EET ADDRESS						
CITY-ST-ZIP				7-ST-ZIP						
14. I hereby co	ertify that the information supplied w	vith this filing does not qualify for	the exer	nption state	ed in Sec	ction 119.07(3)(i), Florida Statutes. I shall have the same legal effect as if	further ce	rtify that the	information	
officer or c	director of the corporation or the rec-	eiver or trustee empowered to ex	cecute th	is report as	s require	ed by Chapter 607, Florida Statutes;	and that r	ny name api	pears in	
Block 12 c	or Block 13 if changed, or on an atta	chment with an address.								