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 # P93000009698 (0)

FILED May 19 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			
3941 N.W. 94TH AVE. Sunrise Fl. 33351	1156 NW 83RD AVE PLANTATION FL 33322			
	US		DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a. Mailing Address		01/29/1993 4. FEI Number	
21 //S6 NW 834	A-L 26		65-0398603	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			. CR 75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & Shete	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Intertion fl	28	Country	Trust Fund Contribution	7 (0000 10 1 000
24 29 333 W 25 COUNTY	Zip	Country	This corporation owes or has paid the Personal Property Tax due June 30.	ne current year Intangiole Yes No
	of Current Registered Agent	<u> </u>	10. Name and Address of New Regist	
SUMMERS, STEVEN		81 Name		
3941 N.W. 94TH AVE.		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUNRISE FL 33351		5lieet Addin	ess (F.O. BOX NUMBER IS NOT Acceptable)	
		83		
		84 City		85 Zip Code
				FL
office or registered agent, or both, in	ns 607 0502 and 607 1508, Florida Statutes, in the State of Horida, Such change was aut it this obligations of, Section 607,0505, Florid	horized by the corporati	oranion submits this statement for the purplion's board of directors. I hereby accept th	e appointment as registered
Signature, typed or suinted name of		legistered Agent signature require	ad when reinstating)	ATE
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME SUMMERS, STEVEN	[_] DELETE	1.1 TITLE		Change Addition
STREET ADDRESS 3941 N.W. 94TH AVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP SUNRISE FL	-	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE :	31 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	3.4. CHY-ST-ZIP		Change Addition
NAME		4. 2 NAME		FT custific FT vincitint)
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
14. I bereby certify that the information s	supplied with this filing does not qualify for t	6.4 CITY-ST-ZIP	Section 119 07/9Vi) Florida Statutos (Carl	or cartify that the information
indicated on this arraual report or so	pplemental annual report is true and accura or the receiver or trustee empowered to exe	ite and that my signatur	e shall have the same legal effect as if mar	de under oath: that I am an