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

	MENT # NIT SHOPPE, IN		012036 (8	3)					
Principal Place of Business Mailing Address							- T (GO)1001 150 EDIDG 1517 DOIN DON DON BOILE 160	id itell belut	UHAD DHAU HODA
9070 KIMBERI	LY BLVD.		9070 KIMBERLY BLVI)					
SUITE 48	•	SUITE 48	SUITE 48						
BOCA RATON FL 33434 US			BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE		
03			US				3. Date Incorporated or Qualified		
2. Principal P	lace of Business		2a. Mailing Address				02/11/1993 4. FEI Number		Annie d Con
21]			26				65-0389785		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional
22			27				5. Certificate of Status Desired		Required
City & State			City & State				6. Election Campaign Financing	\$5.0	O May Be
23			28				Trust Fund Contribution		d to Fees
Zip	C ou ntry		<u>├</u>		Country		8. This corporation owes or has paid the cu		-
24	25		29	30			Personal Property Tax due June 30.		□ No
10/4		dress of Current F	legistered Agent		B1	Name	10. Name and Address of New Registered	Agent	
	CHS, JEFFREY S	*a 4a bj=		Ľ					
1177 S.E. THIRD AVENUE					82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33316					83				
				[4	84	City	FL	85 Zip	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						e-named corp	noration submits this statement for the nurrose of	L Fichanging	its registered
office or re	egi ste red agent, or b	ioth, in the State of	Florida, Such change works of, Section 607,0505	as authorized	bν	the corporati	tion's board of directors. I hereby accept the app	ointment a	is registered
•	III ISHI MICH MANA GURA D	locept the obligation	Als or socion our coop	, Fililla siaiu	lito.	•			
SIGNATURE	Signature, typed or printed n	amo of registered agont a	ind title if applicable (NOTE: Registered	Ager	nt signature require	red when reinstating) DATE		
12.	**	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PSTD CAMULE		☐ DELETE	11 1176				☐ Change	Addition
NAME	ROSS, SAMUEL			1.2 NAN					
STREET ADDRESS	3610 N.W. 58Th					ADDRESS			
CITY-ST-ZIP	COCONUT CRE	EK FL 330/3	DELETE	1.4 C(T)		- ZIP		T Observe	T tours
TITLE			☐ percie	2.1 THTL				L Change	Addition
NAME PERSON ADDRESS				2.2 NAM					
STREET ADDRESS CITY-ST-ZIP						ADDRESS			
TITLE	<u> </u>		DELETE	2. 4 CIT		T-ZIP		Change	Addition
NAME				3.2 NAM	_			La Ununge	Audition
STREET ADDRESS				4	_	ADDRESS			
CITY-ST-ZIP				3.4. CIT					
TITLE			DELETE	4.1 TITL		1-20		Change	Addition
NAME				4. 2 NAM					_
STREET ADDRESS				i i		ADDRESS			
CITY-ST-ZIP				4.4 CITY	/- \$1·	- ŽIP			
TITLE	1 thr		DELETE	5.1 THE				Change	Addition
NAME				5.2 NAM	4E				
STREET ADDRESS				5.3 STRE	EET A	ADDRESS			J
CITY-ST-ZIP				54 CITY	-\$1	- ZIP			
TITLE			☐ DELETE	6.1 TITLI	Ē			☐ Change	Addition
NAME				6 2 NAM	1E				
STREET ADDRESS				6.3 STRE	EE1 A	ADDRESS			

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 supplimental 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 chapter 607 or on an attachment with praddress.

Bun 100 50

12/40 1561852557

FILED

Jan 21 1998 8:00am

Secretary of State