FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P93000012257 (0)

CNF PUBLIC RELATIONS INC					
Principal Plac	e of Business	Mailing Address			LEIN IININ ISKAI AIRIK IBAK INĖ!
7080 NW 47 PL LAUDERHILL FL 83319		7060 NW 47 PL LAUDERHILL FL 33318			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
L				02/17/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0388614	Not Applicable
Sulte, Apt.	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes 💹 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent
	ELEY, NANCY C.		81 Name		
7080 NW 47 PL			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
LAUDERHILL FL 33319					
			83		
1			84 City		85 Zip Code
				F	
11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Sta	502 and 607.1508, Florida Sta tute ite of Florida. Such change wa s a	es, the above-named corp uthorized by the corporali	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered poolntment as registered
agent la	am familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statutes.	,	
SIGNATURE	Signature, typed or printed name of registered a	Appel and the discussion /NOTS	Registered Agent signature require	ed when reinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FEELEY, NANCY		1.2 NAME		}
STREET ADDRESS	7060 N.W. 47TH PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		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					
NAME	l .	DELETE	3.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	3.2 NAME		☐ Change ☐ Addition
1		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME		
TITLE NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition Change Addition

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 armual 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 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.

FILED

Apr 30 1998 8:00am

Secretary of State