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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 07 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000019774 (7)

Principal Plac 272 SW 12TH	•	Mailing Address 272 SW 12TH AVE DEERFIELD BEACH FL 3	3442		
US US			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	
				03/12/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0398559	Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		A Floring County Financia	
23]		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		1201	10. Name and Address of New Register	
PF	YNOLDS, DANIEL S		81 Name		
306 NW 107 AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	DRAL SPRINGS FL 33071		5lieet Addi	ass (F.O. box Number is Not Acceptable)	
	The divinion is a doctor		83		
			A A A A A A A A A A		
			84 City	1	B5 Zip Code
SIGNATURE	Signature, typed or printed name of registered.		E Registored Agent signature require	ion's board of directors. I hereby accept the ed when reinstating) ADDITIONS/CHANGES TO OFFICERS	TE
TITLE	V	☐ DELETE	1.5 TITLE		Change Addition
NAME	REYNOLDS, ANN J		1.2 NAME		
STREET ADDRESS	9771 NW 2ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY - ST - ZiP		
TITLE	P	☐ DELETE	2.1 THTLE		☐ Change ☐ Addition
NAME	REYNOLDS , DANIEL S		2.2 NAME		
STREET ADDRESS	9771 NW 2ND ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	15	☐ DELETE	3.1 THILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		Therete	3.4. CITY - ST - ZIP		Alexander of the second
TITLE		☐ DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		בין טנונונ	5.1 TITLE		Change C Add((0))
NAME OTRECT ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	H	ב_ טנוניונ	6.1 TITLE		☐ Change ☐ Addition
NAME OTDERT (DODESE			6.2 NAME	·	

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 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 changed, or on an altachment with an address

6.4 CITY-ST-ZIP