SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 3D, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Sep 09 1998 8:00am Secretary of State

Principal Place of Business 10717 NW 18T ST PLANTATION FL 33324 Mailing Address 10120 REPLESTION BLVD. W. 103 SUNDING FL 33351				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
 				02/24/1993		
2. Principal Place of Business 21 2886 SW 176 TERRACE		2a. Mailing Address 26 2886 SW	176 TERRACE	4. FEt Number 65-0408312	Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	1-74	5. Certificate of Status Desired	\$8.75 Additional	
22	1.	27			Fee Required	
City & Stat	PAR, FL	City & State 28 MIRAMAR	F.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 330	029 Country USA	Zip 33029	Country 30 USA	This corporation owes or has paid Personal Property Tax due June		
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	istered Agent	
KALEKY, ROBERT 4001 S OCEAN DBIVE #12P			82 Street A 288	2886 SW 176 TERRACE		
HOE	£ YW9OD FL-83019	1	83 84 City	NRAMAR	FL 85 Zip Code 33029	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age	nt and little if applicable. (NO ID DIRECTORS DELETE	13.	required when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12 Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	KALEKY, ROBERT 19747 NW 1ST-STREET PLANTATION FL		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2886 SW 176 TERR MIRAMAR, FL 33029	 •	
TITLE NAME	D Kaleky, Sandy L	DELETE	2.1 TITLE 2.2 NAME	<u> </u>	Change Addition	
STREET ADDRESS	19747 NW 1ST STREET		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SAME 1		
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	Į.	L DELETE	5.1 TITLE		Change Addition	
NAME	1		5.2 NAME		•	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-S1-ZIP			5.4 CITY-ST-ZIP	<u></u>		
TITLE		DELETE	6.1 TITLE		L Change L Addition	
NAME			6.2 NAME			
STREET ADDRESS	ļ		6.3 STREET ADDRESS			
ITY-ST-ZIP		11.1. Ett	6.4 CITY-ST-ZIP	section 119 07(3)(i) Florida Statutes I furthe		

proper not quality for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information bort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am trustee empowered to execute this report as required by Chapter 601, Fird Statutes; and that my name appears vitted an address.