## 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 # P93000021293 (4)

9. Name and Address of Current Registered Agent

CORTINA, SAME JANA

7900 PETERS RD

PLANTATION FL 33324

STE B-100

JANA RAMERI CORTINA, P.A. Principal Place of Business Mailing Address 7900 PETERS RD 7900 PETERS RD DO NOT WRITE IN THIS SPACE **PLANTATION LF 33324** PLANTATION FL 33321 3. Date Incorporated or Qualified 03/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0397604 21 26 Not Applicable Suite Apt # etc Suite, Ant. #. etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Regulred City & State City & State \$5.00 May 8e 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

81 Name

82

83

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1 t TITLE TETLE BROWN, JANA R 1.2 NAME NAME 7900 PETERS RD STE B-100 1.3 STREET ADDRESS STREET ADDRESS PLANATATION FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADORESS 6.4 CITY - ST - ZIP

14. Thereby 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 attachment with an address.

SIGNATURE:

O GANDARA

**FILED** 

Apr 30 1998 8:00am

Secretary of State

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

Zip Code