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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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FILED
Jan 27 1998 8:00am
Secretary of State

	Sure, Inc) .										
Principal Place of Business Mailing Address								1 1881 1881 118 15165 1111 4911 8411				
3800 S STATE ROAD 7 3800 S STATE ROAD 7					7)				
SUITE 11				SUITE 11 MIRAMAR FL 33023					DO NOT WRITE IN THIS SPACE			
MIRAMAR FL 33023 MIHAMAH FL 33023								ţ	3. Date Incorporated or Qualifie	id		
									03/31/1993			
2. Principal F	Place of Busin	ness	2a.	. Mailing Address					4, FEI Number		⊢ +	Applied For Not Applicable
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Sulte, Apt. #, etc.			\vdash	Suite, Apt. #, etc.					Certificate of Status Desired			Required
22			27	- তন্যু ব সারাচ					6. Election Campaign Financing	9	\$5.0	0 Мау Ве
23			28	<u>-</u>					Trust Fund Contribution		Added	d to Fees
Zip		Country	ļ	Ζιp		ountry			8. This corporation owes or has	•		
24		25 and Address of Cur	29	stered Agent	30	-1			Personal Property Tax due J. 10. Name and Address of New			∐ No
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	IIRAMAR FL						Street A	Addres	ss (P.O. Box Number is Not Accep	otable)		
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<u> </u>									<u></u>			
ļ						64	City			F	65 Zij	Code
11. Pursuant office or	t to the provis	ions of Sections 607.0 ent, or both, in the Sta	0502 and 6 ale of Flori	07.1508, Florida Sta ida. Such change wa	tutes, the	above zed by	named the corp	corpor	ration submits this statement for the	•	- 1 1	its registered s registered
1		ith, and accept the ob	oligations o	r, Section 607.05 05	Florida St	tatutes						
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	Signature, typed	OFFICERS A		s if applicable (N	VOTE: Registe	ered Ager		beauper			ND DIRECTO	
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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 attachment with an address.

1/20/2 6-1002 47