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

YOUNGENIT #

FILED

Apr 16 1998 8:00am

Secretary of State

1. Corporatio		AMING, INC.	JUU20	101 (9)	,			
Principal Plac	e of Busines	is .	Maitin	g Address				
					ST PARK RD.			
HOLLYWOOL				HOLLYWOOD FL 33021				
								DO NOT WRITE IN THIS SPACE
		_						Date Incorporated or Qualified 04/06/1993
2. Principal P	Place of Busi	ness	2a. Ma	2a. Mailing Address				4. FEI Number Applied For
21			28					65-0402625 Not Applicable
Suite, Apt.			27	Suite, Apt. #, etc.				6. Certificate of Status Desired Section Fee Required
City & Stat	e		Cil	City & State				Election Campaign Financing \$5.00 May Be
23			28	28				Trust Fund Contribution Added to Fees
Zip	Country		L Zip	Zip		Country		8. This corporation owes or has paid the current year Intangible
24		25 29		30	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No	
		and Address of Curr	ent Registere	d Agent				10. Name and Address of New Registered Agent
	.Terman, 1					81	Name	пе
53	15 WEST I	Park RD.				82	Street	eet Address (P.O. Box Number is Not Acceptable)
HO	DOOWYLK	FL 33021				"	311001	set Address (F.O. Box Number is Not Acceptable)
						83		
•						84	City	FI_ 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, t						bove	a-namec	1901 COrporation submits this statement for the purpose of changing its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State 						d by	the cor	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature broad	or printed name of registered i	and and title if an		E			
12.	Signature, typeo		ND DIRECTO		13.	o Age	nt aignatur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	0///02/10/	NO DIFFEOTO	DELETE	1.1 T	(T) F		Change Addition
NAME	ALTERA	AAN, DOROTHY						E crange E Adultion
STREET ADORESS	FACE WINARY BOAR			1.2 NAME		1000000		
		NOOD FL				1.3 STREET ADDRESS		55
CITY-ST-ZIP TITLE	VP VP			DELETE		ITY-S	T-ZIP	
NAME		AAN, EUGNEN		□ pertit	2.1 Ti			L] Change L Addition
-		PARK ROAD			22 N			
STREET ADDRESS		NOOD FL					ADDRESS	is l
CITY-ST-ZIP	nouth	NOOD FE		The section	_		ST-ZIP	
TITLE				DELETE	3.1 Ti			☐ Change ☐ Addition
NAME					3.2 N			
STREET ADDRESS							ADDRESS	is
CITY - ST - ZIP					3.4. CITY-ST-ZIP			
TITLE				☐ D ELETE	4.1 8	TLE		☐ Change ☐ Addition
NAME					4.2 N	AME		
STREET ADDRESS					4.3 STREET ADDRESS		address	is
CITY-ST-ZIP				4.4 0	4.4 CITY-ST-ZIP			
TITLE	DELETE		LI DELETE	5.1 TI	5.1 TITLE		Change Addition	
NAME				5.2 NAME				
STREET ADDRESS					5.3 ST	TREET	ADDRESS	is
CITY-ST-ZIP					5.4 CI	TY-S1	r-ziP	
TITLE				DELETE	6.1 Tr			Change Addition
NAME					6.2 N/	AME		
STREET ADDRESS							ADDRESS	ss I
CHTY-ST-ZIP						TY-51		

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.

SIGNATURE:

4/12/98

19547 767-0200