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

**CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000026182 (4)

## **FILED** May 19 1998 8:00am Secretary of State

| AIHPUH                                                                                                                                                                                                                                                   | II PAHKING :             | SEHVICES, INC       | 1                |                     |                                           |          |                           |                             |                                                                                        |                                 |           |                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|------------------|---------------------|-------------------------------------------|----------|---------------------------|-----------------------------|----------------------------------------------------------------------------------------|---------------------------------|-----------|----------------------------|--|
|                                                                                                                                                                                                                                                          | <del></del> -            |                     |                  |                     |                                           |          |                           |                             |                                                                                        |                                 |           |                            |  |
| Principal Place                                                                                                                                                                                                                                          |                          | _                   | Mailing Address  |                     |                                           |          |                           |                             |                                                                                        |                                 |           |                            |  |
| 2500 E. HALLANDALE BCH. BLVD. 2500 E. HALLADALE BC<br>#705 STE. 705                                                                                                                                                                                      |                          |                     |                  |                     |                                           |          |                           |                             |                                                                                        |                                 |           |                            |  |
| HALLANDALE FL 33009                                                                                                                                                                                                                                      |                          |                     |                  | HALLANDALE FL 33009 |                                           |          |                           |                             | DO NOT WRITE IN THIS SPACE                                                             |                                 |           |                            |  |
| U\$                                                                                                                                                                                                                                                      |                          |                     |                  | US                  |                                           |          |                           |                             | 3. Date Incorporated or Qualified                                                      |                                 |           |                            |  |
| 9 Principal Pl                                                                                                                                                                                                                                           | ace of Business          | 2a. Mailing Address |                  |                     |                                           |          |                           | 04/05/1993<br>4. FEI Number | · · · · · · · · · · · · · · · · · · ·                                                  | TAN                             | plied For |                            |  |
| 2. Principal Place of Business                                                                                                                                                                                                                           |                          |                     |                  | 26                  |                                           |          |                           |                             | 65-0445621                                                                             |                                 |           | t Applicable               |  |
| Suite, Apt #, etc.                                                                                                                                                                                                                                       |                          |                     |                  | Suite, Apt. #, etc. |                                           |          |                           |                             |                                                                                        | - ¢8                            |           | Additional                 |  |
| 22                                                                                                                                                                                                                                                       |                          |                     |                  | 27                  |                                           |          |                           |                             | 5. Certificate of Status Desired                                                       |                                 | ee Re     |                            |  |
| City & State                                                                                                                                                                                                                                             |                          |                     |                  | City & State        |                                           |          |                           |                             | 6. Election Campaign Financing                                                         | \$9                             | 5.00      | May Be                     |  |
| 23                                                                                                                                                                                                                                                       |                          |                     |                  | 28                  |                                           |          |                           |                             | Trust Fund Contribution                                                                |                                 |           | o Fees                     |  |
| Zip                                                                                                                                                                                                                                                      | Country                  |                     |                  | Zφ Cou              |                                           |          |                           |                             | 8. This corporation owes or has paid th                                                | aid the current year Intangible |           |                            |  |
| 24                                                                                                                                                                                                                                                       | 25                       |                     | 29               |                     | 30                                        | 30       |                           |                             | Personal Property Tax due June 30. 🔲 Yes 📉 No                                          |                                 |           |                            |  |
| Name and Address of Current                                                                                                                                                                                                                              |                          |                     | Registered Agent |                     |                                           |          |                           |                             | 10. Name and Address of New Registered Agent                                           |                                 |           |                            |  |
| BONA, FRANK J JR.                                                                                                                                                                                                                                        |                          |                     |                  |                     |                                           | 81       | Name                      |                             |                                                                                        |                                 |           |                            |  |
| 2500 E. HALLANDALE BEACH BLVD.                                                                                                                                                                                                                           |                          |                     |                  |                     |                                           |          | Street                    | Addres                      | Address (P.O. Box Number is Not Acceptable)                                            |                                 |           |                            |  |
| STE 705<br>Hall <b>an</b> dale fl 33009                                                                                                                                                                                                                  |                          |                     |                  |                     |                                           |          | 63                        |                             |                                                                                        |                                 |           |                            |  |
| 11/34                                                                                                                                                                                                                                                    | - DANDALL I L O          | 0009                |                  |                     |                                           | Ш        |                           |                             |                                                                                        |                                 |           |                            |  |
|                                                                                                                                                                                                                                                          |                          |                     |                  |                     |                                           | 64       | ,                         |                             |                                                                                        | FL  85                          | Zip C     |                            |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505. Florid |                          |                     |                  |                     |                                           |          | e-named<br>the corp<br>s. | corpo<br>poratio            | ration submits this statement for the purports board of directors. I hereby accept the | ose of chan<br>le appointme     | ging its  | s registered<br>registered |  |
| SIGNATURE                                                                                                                                                                                                                                                |                          |                     |                  |                     |                                           |          |                           |                             |                                                                                        |                                 |           |                            |  |
|                                                                                                                                                                                                                                                          | Signature, typed or post | OFFICERS AND        |                  |                     |                                           | d Age    | nt signature              | required                    | ADDITIONS/CHANGES TO OFFICERS                                                          | C AND DIDE                      | CTOD      | C IN 12                    |  |
| 12.                                                                                                                                                                                                                                                      | <del>- D</del>           | OFFICENS AND        | UINC CIT         | DELETE              | 13.                                       | ITI F    |                           | r ··-                       | ADDITIONS/CHANGES TO OFFICER                                                           |                                 | hange     | Addition                   |  |
| NAME                                                                                                                                                                                                                                                     | BONA, FRAN               | K J                 | _                |                     |                                           | 1.2 NAME |                           |                             |                                                                                        |                                 | •         | _                          |  |
| STREET ADDRESS 2500 E. HALLANDALE BCH. B                                                                                                                                                                                                                 |                          |                     |                  |                     |                                           |          | 13 STREET ADDRESS         |                             |                                                                                        |                                 |           |                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                              | HALLANDALE               |                     |                  | 1.4 CiTY-ST-ZIP     |                                           |          |                           |                             |                                                                                        | i                               |           |                            |  |
| TITLE                                                                                                                                                                                                                                                    | VP                       |                     |                  | DELETE              | 211                                       |          | ,                         |                             |                                                                                        | ☐ CI                            | nange     | Addition                   |  |
| NAME                                                                                                                                                                                                                                                     | BONA, JOHN               | l R                 |                  |                     | 2.2 N                                     | AME      |                           |                             |                                                                                        | •                               |           |                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                           |                          | LANDALE BCH. BI     | VD., #7          | 235                 | 23 STREET ADDRESS                         |          |                           |                             |                                                                                        |                                 |           |                            |  |
| CITY-ST-ZIP HALLANDALE FL                                                                                                                                                                                                                                |                          |                     |                  |                     |                                           |          | S1 - ZIP                  |                             |                                                                                        |                                 |           |                            |  |
| TITLE                                                                                                                                                                                                                                                    |                          | <del></del>         |                  | DELETE              | 311                                       | ILE      |                           |                             |                                                                                        | CI                              | range     | Addition                   |  |
| NAME                                                                                                                                                                                                                                                     |                          |                     |                  |                     | 3.2 N                                     | AME      |                           |                             |                                                                                        |                                 |           |                            |  |
| STREET ADORESS                                                                                                                                                                                                                                           |                          |                     |                  |                     | 33 STREE                                  |          |                           |                             |                                                                                        |                                 |           |                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                              |                          |                     | ·····            |                     | 3 4. 0                                    | HTY-S    | ST-ZIP                    |                             |                                                                                        |                                 |           |                            |  |
| TITLE                                                                                                                                                                                                                                                    | -                        |                     |                  | ☐ DELETE            | 4.1 T                                     | HLE      |                           |                             |                                                                                        |                                 | nange     | ☐ Addition                 |  |
| NAME                                                                                                                                                                                                                                                     |                          |                     |                  |                     | 4 21                                      | IAME     |                           | l                           |                                                                                        |                                 |           |                            |  |
| STREET ADORESS                                                                                                                                                                                                                                           |                          |                     |                  | 43 STREET ADI       |                                           |          | ļ                         |                             |                                                                                        |                                 |           |                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                              |                          |                     |                  |                     |                                           | ITY-S    | T - ZIP                   | <u> </u>                    |                                                                                        | 170                             |           | 1.400                      |  |
| TITLE                                                                                                                                                                                                                                                    |                          |                     |                  | DELETE              | 511                                       |          |                           |                             |                                                                                        |                                 | ange      | ☐ Addition                 |  |
| NAME                                                                                                                                                                                                                                                     |                          |                     |                  |                     | 5.2 N                                     |          |                           |                             |                                                                                        |                                 |           |                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                           |                          |                     |                  |                     |                                           |          | ADDRESS                   |                             |                                                                                        |                                 |           |                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                              |                          |                     |                  | DELETE              | _                                         | ITY-S    | 1 - 7(P                   |                             |                                                                                        | CI                              | nange     | Addition                   |  |
| TITLE                                                                                                                                                                                                                                                    |                          |                     |                  | LT) NETCIE          | 611                                       |          |                           |                             |                                                                                        | L., 61                          | min       | - AUGINOR                  |  |
| NAME<br>CTOCCT ADDOCCC                                                                                                                                                                                                                                   |                          |                     |                  |                     | 6.2 N                                     |          | ADDDCCC                   |                             |                                                                                        |                                 |           |                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                           |                          |                     |                  |                     | 6.3 STREET ADDRESS<br>6.4 City - St - Zip |          |                           |                             |                                                                                        |                                 |           |                            |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                              |                          |                     |                  |                     | 0.4 0                                     | 117-5    | 1-211                     | 1                           | 140 07/0/0 Fig. 14 Oct 4 - 1 C - 1                                                     |                                 |           | 1-1                        |  |

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatio 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