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

	MEN # P9300 ETTE SOSA DOUGLASS,	0029098 (9) P.A.			II. IIII 18/8 ### (8/8)	
Principal Place	e of Business	Mailing Address			910 10111 00110 10101 1811 1001	
320 SE 9TH ST 320 SE 9TH ST						
FT LAUDERDALE FL 33316		FT. LAUDERDALE FL 33316 US		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/19/1993		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0402973	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State	· .		Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	urrent year Intangible Ves No	
24	25 25 Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registered		
DOUGLASS, GEORGETTE 81 Name						
320 SE 9TH ST		B2 Street	Address (P.O. Box Number is Not Acceptable)			
FT	LAUDERDALE FL 33316		83			
			84 City		85 Zip Code	
				FI	,	
11. Pursuant I office or agent. I a				d corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered ipointment as registered	
	o ture whed a pulted name of registered ag	pent and title if applicable. (NOTE NO DIRECTORS	Registered Agent signature		ID DIDECTORS IN 12	
12.	PVST	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	DOUGLASS, GEORGETTE S	<u> </u>	1.2 NAME			
STREET ADDRESS	320 SE 9TH ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZIP			
TITLE	D	DELE TE	2.1 TITLE		Change Addition	
NAME	DOUGLASS, GEORGETTE S		2.2 NAME			
STREET ADDRESS	320 SE 9TH ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY - \$T - ZIP		—	
TITLE		DELET E	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		į	
1 6179 67 716 1			6 4 OLTY OT 31B	i .	7	

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 an attachment with an address.

7680046

FILED

Feb 23 1998 8:00am

Secretary of State