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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032835 (9)

## **FILED** May 01 1998 8:00am Secretary of State

	DEVELOPMENT CORP.	Mailing Address			
5722 S FLAMINGO RD #137 COOPER CITY FL 33330		5722 S FLAMINGO RD #137 COOPER CITY FL 33330		DO NOT WRITE IN	N THIS SPACE
				3. Date Incorporated or Qualified 05/06/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apr	#. etc.	Suite, Apt. #, etc.	<u> </u>	65-0411713	Not Applicable  88.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat 23	le	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ <b>29</b>	Country 30	This corporation owes or has paid     Personal Property Tax due June 3	, , , , , , , , , , , , , , , , , , , ,
P-1	9. Name and Address of Curre			10. Name and Address of New Regi	
572	OUIERDO, LOUIS 22 S FLANINGO RD #137 OOPER CITY FL 33330		81 Name 82 Street Add	fress (P.O. Box Number is Not Acceptable	)
		$\supset$	84 City		FL 85 Zip Code
office or a	to the provisions of Sections 607 050 registered egent, or both in the State am Amiliar with and accept the oblig	e of Florida Such change v	vas authorized by the corpora	ation's board of directors. I bereful accept	the appointment as registered
SIGNATURE	Jones	<i>, , , , , , , , , , , , , , , , , , , </i>	5, Florida Statutes.  29 0/100  (NOT Registered Agent signature requ	4/23/9	ATE DATE
SIGNATURE	Signature, typied of present account reputations and OFFICERS AN	und and title if applicable  ID DIRECTORS	(NOT) Registered Agent signature requ	4/23/9	DATE RS AND DIRECTORS IN 12
SIGNATURE	Storage Typed of Printed Season of Laurenteen and OFFICE RS AN	mul and fille if applicable	(NOT) Registered Agent signature required.  13.  1.1 TITLE	uired when reinstating)	DATE
SIGNATURE  12. TITLE NAME	Stop of tyred of present and adjustment and of FICERS AND IZQUIERDO, LOUIS	ID DIRECTORS	(NO) Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE RS AND DIRECTORS IN 12
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SIGNATURE  12. TITLE NAME	OFFICERS AN IZQUIERDO, LOUIS 5722 S FLAMINGO RD #133	ID DIRECTORS	(NOT) Registered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE RS AND DIRECTORS IN 12
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officer or director of the corporation or the Block 12 or Block 13 if change (1.2) on see