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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jul 22 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998 P9300038573 (0)

THE (BREAT SIERRA GROUP, IN	Mailing Address	') 		
13903 NW 67TH AVE. P. O. BOX 820093 210 S. FLORIDA FL 33082-30			.ange	1	
MIAMI LAKES FL 33014 US			-9000	DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
2 Principal P	ace of Business	2a. Mailing Address	······································	05/25/1993 4. FEI Number Applied For	
21	acou or Eddinoso	26		65-0415857 Not Applicable	
Suite, Apt	#. etc.	Suite, Apt. #, etc.		SR 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		Election Campaign Financing \$5.00 May Be	
Zip	Country	28	Country	Trust Fund Contribution Added to Fees	
Σιρ 24	25	Zip 29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<u></u>	9. Name and Address of Curre	· ·	130	10. Name and Address of New Registered Agent	
N	EUHART, GEORGE	,	81 Name		
	74 N.W. 155 TERRACE		82 Street /	Address (P.O. Box Number is Not Acceptable)	
	EMBROKE PINES FL 33028			Total Control Harmon to Hot Properties	
			83		
			84 City	85 Zip Code	
		1000 1000		corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I ar SIGNATURE	m familiar with, and accept the oblig Sign ature , typed or printed name of registered ag	ations of, Section 607.0505, F	lorida Statutes. 11: Registered Agent signature 13.		
TITLE	I P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	NEUHART, LISA A		1.2 NAME		
STREET ADDRESS	15825 SW 3 COURT #202		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL	DELET	1.4 C(1Y-ST-Z)P	Channe I days	
TITLE NAME	NEUHART, BRIAN K	DELETE	21 TITLE 22 NAME	Change L Addition	
STREET ADDRESS	15825 SW 3 COURT #202		2.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 3302	27	2.4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TILE	: Change Addition	
NAME	NEUHART, GEORGE		3.2 NAME		
STREET ADDRESS	14836 BRECKNESS PL		3.3 STREET ADDRESS		
CITY-\$T-ZIP	MIAMI LAKES FL		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Change Addition	
NAME	HANELY, PETER O		4.2 NAME		
STREET ADDRESS	15825 SW 3 COURT #202	_	4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 3302		4.4 CITY - ST - ZIP		
TITLE	ODENANDED PADRA	DELETE	5.1 TITLE	Change Addition	
NAME .	GRENANDER, KAREN		5.2 NAME		
STREET ADDRESS	15825 SW 3 COURT #202 PEMBROKE PINES FL		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TEMBUONE LINES LE	DELETE	5.4 CHY-ST-ZIP 6.1 TITLE	Change Addition	
NAME			6.2 NAME	Change Change	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 City - St - 7)P		

14. Thereby 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 enrual 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.