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

DOCUMENT # P93000041774 (9)

FILED Mar 24 1998 8:00am Secretary of State

THELM	AA DEUTSCH, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 (00)(00) (dd (00)(00) (00)(00)(00)(00)(00)(00)	BAN (CENT JARNI SERIC ATEC PARI
			·		
Principal Plac	ce of Business	Mailing Address		(1991) 1991 119 1918 1191 1891 1981 1981	10. (1911 (1041 1861) 9101 1881
8225 COLLINS AVENUE 9225 COLLINS AVENUE SURFSIDE FL 33154 SURFSIDE FL 33154				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	, , , , , , , , , , , , , , , , , , ,
ļ				06/14/1993	
2. Principal F	Place of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		65-0426030	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		and and	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
I Cit∨ & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Curr	[29] [3	30]		Yes No
			81 Name	10. Name and Address of New Registered	Agent
CORPORATION INFORMATION SERVICES, INC.			[helma Deutsch	
1201 HAYS ST. TALLAHASSEE FL 32301			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	. #402
17	LLANAOSEE FL 32301		63 7.0	as Willing Mre	. " 70 L
			B4 City C	ortside FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statutes	the above named core	poration cultimite this atatement for the purpose of	33/34
office or r	regimered agent, or both, in the Sta	te of Florida. Such change was au	thorized by the corporat	tion's board of directors. I hereby accept the app	pointment as registered
	amelan with and accept the obt	Igations at Section 607.0605, Flori	ida Statyles	100 - 6 // 10	10.00
SIGNATURE	Signalure, typed or printed name of registered in	Courses 1 / W	Application Appendix signature requirements	red when reinstating) March 10	, 1770
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEUTSCH, THELMA		1.2 NAME		
STREET ADDRESS	631 LINCOLN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-7IP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		İ
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE			Change E Roomon
		☐ DELETE	5.2 NAME		Change C Roomon
STREET ADDRESS		□ DELETE			Change E Roomon
CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		[] DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	·	
CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

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 suppliemental 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 11 than potential true in the receiver of trustees.

SIGNATURE The may whiteh his

March 10 98

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