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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED

98 FEB 18 PM 3: 32

1	LE CORPORATION of Business HORE DR	Mailing Address 2601 S BAYSHORE DR 9TH FLOOR MIAMI FL 33133-5461		SECRETARY OF STA TALLAHASSEE, FLOR DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified 06/20/1993	
2. Principal Pia	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0436600	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible X Yes No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Registered	Agent
GOL	LDMAN, JOEL K		81 Name		
2601 \$ BAYSHORE DR		62 Street	Address (P.O. Box Number is Not Acceptable)		
9TH FLOOR					
MIAI	MI FL 33133-5461		83		
			84 City	FL	85 Zip Code
44 Pureuant to	o the provisions of Sections 607.050	2 and 607 1508 Florida Statut	es the shove-named		changing its registered
office or re-	egistered agent, or both, in the State	of Florida. Such change was a	authorized by the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	ointment as registered
agom. ran	irramiliar with, and accept the obliga	ations of, Section 607.0505, Fig	orida Statutes.	·	
SIGNATURE _	Signature, typed or printed name of registered age		orida Statutes. E. Registered Agent signature		__
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS ANI	nt and little if applicable (NOTI			__
SIGNATURE S	Signature, typed or printed name of registered age OFFICERS AND	int and litto if applicable (NOT)	E: Registered Agent signature	required when reinstating) DATE	__
SIGNATURE S 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND OV JEFFREY, THOMAS W	nt and little if applicable (NOTI	E: Registered Agent signature 13. 1.1 TITLE 1.2 NAME	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	__
SIGNATURE STILL STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND OV JEFFREY, THOMAS W 2801 S BAYSHORE DR	nt and little if applicable (NOTI	E. Registered Agent signature 13. 1.1 TITLE	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	__
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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 13 if changed, or on an attachment with an address.