SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000046484 (0) DOCUMENT #

SPL REHABILITATION MANAGEMENT, INC.

Principal Place of Business

1835 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33316

STREET ADDRESS

Mailing Address

1835 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33316

F. H. E.D

98 OCT 14 AM 8: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



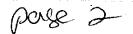
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

						06/25/1993	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	Applied For
21		[26]				65-0424535	Not Applicable
Suite, Apt. #, etc. 22 City & State 23		Sulte, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City &			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Žip	Country	Zip	[Country		8. This corporation owes or has paid the cur	rent year Intangible
24	[25]		30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curre	nt Registered A	gent			10. Name and Address of New Registered	Agent
SET	TY, \$ P			ĺŧ	81 Name		
1835 SOUTHEAST 4TH AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33316				'	Street Ad	at Address (F.O. Dox Number is Not Acceptable)	
,	THE PERIOD AND THE PERIOD OF T			İ	83		
				L.			
					B4 City	EI	85 Zip Code
11 Durania	nt to the provisions of cooling - 007 050	12 and 602 4500	Elorido Clatido			poration submits this statement for the purpose of cl	bonoina ita saalalarad
I office or	r rogi s tered agent, or both, in the Stat I am fa miliar with, and accept the oblig	e of Florida, Sucl	n change was a	uthorized	by the corner	ation's board of directors. I hereby accept the appo	Intment as registered
SIGNATURE							
	Signature, typed or printed name of registered ag				d Agent signature r	equired when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D		L] DELETE	1.1 Ti]L	E		Change Addition
NAME	SETTY, S P			1.2 NAM	IE 🙀 📗	8 00002665	848E
STREET ADDRESS 1835 SOUTHEAST 4TH AVENUE				1.3 STREET ADDRESS		800002665 -10/16/ <u>9</u> 80	11093010
CITY-ST-ZIP FORT LAUDERDALE FL 33316				1.4 CITY-ST-ZIP		****150.00	_****150.00
TITLE			DELETE	2.1 TITL	E		Change Addition
NAME				2.2 NAM	ie		_ ,
STREET ADDRESS	;			23 STRE	EET ADDRESS		
CITY-ST-Z#P				2.4 CITY	r-\$1-ZIP		
TITLE			DELETE	3.1 TITLE			Change Addition
NAME		'		3.2 NAM	IE !		
STREET ADDRESS	;			3.3 STRF	E1 ADDRESS		
CHTY-ST-ZIP				3.4 CITY			ĺ
TITLE			DELETE	4.1 TITU			Change Addition
NAME			Caperere	4.2 NAM	J		T Anguige T Montion
STREET ADDRESS					ET ADDRESS		
1	1						
CITY-ST-ZIP	<u> </u>		1 25. 555	4.4 CITY 5.1 TITLE			
			DELETE		i		Change Addition
NAME				5.2 NAM			
STREET DODRESS	,				ET ADDRESS		}
CITY-ST-ZIP				5.4 CITY			
TITLE			DELETE	6.1 TITUE	E		Change Addition
1							

6.3 STREET ADDRESS

SIGNATURE:





July 15, 1998

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: SPL REHABILITATION MANAGEMENT, INC.

DOC. # P93000046484 (0)

FEI #65-0424535

Dear Dept. Agent:

This is to notify you that the above stated corporation never received the first notice of the Annual Report for 1998. I kindly request that you accept the enclosed check for \$150.00 and waive any late penalty fees. Thank you for your prompt attention and consideration.

Sincerely,

Iris A. Oldag

Asst. to Jerome L. Rosen, CPA