## 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 #

1. Corporation Name

P93000049261 (9)

6313-14-15, INC.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Principal Plac	e of Business	Mailing Address			ALBUM SANSA SENSU MISAK SINI 1403
1401 MANATEE AVE W. C/O CHAIT. JONATHAN SUITE 920 52 SUMMIT CIRCLE MONTREAL OU H3Y1B US			N	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/15/1993	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-6132459	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		28 MONT RE	AL QUEBEC	6. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Z <sub>1</sub> g		8. This corporation owes or has paid the	current year Intangible
24	25	29 H3Y183	30 CANHUM	Personal Property Tax due June 30.	Yes Did
	9. Name and Address of Curren	il Registered Agent		10. Name and Address of New Register	ed Agent
QUINLAN, JOHN V			81 Name		
1401 MANATEE AVE W.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 920					
BRADENTON FL 34206-0551			83		
			B4 City		85 Zip Code
		0 - 1002 4500 Fr. 11- Out		F	
f office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	s authorized by the corporati	oration submits this statement for the purpos on's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS ANI		OTÉ: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS A	
12.	D OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	CHAIT, JONATHAN	otteri	1.2 NAME		
STREET ADDRESS	52 SUMMIT CIRCLE		1.3 STREET ADDRESS		
	MONTREAL, CANADA		1.4 CITY-SI-ZIP		M3YIBS
CITY-ST-ZIP	MOTHIERE, ORIGINAL	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-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		

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 annual 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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

Apr 10 1998 8:00am

Secretary of State