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

POCUMENT # P93000052107 (8)

Principal Place 600 CORPOR/ SUITE 512 FT LAUDERD/ US	e of Business ATE DRIVE	Mailing Address 600 CORPORATE DRIVE SUITE 512 FT LAUDERDALE FL 333	34	DO NOT WRITE IN THI	
50		•		07/26/1993	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	ө	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	28	Country	Trust Fund Contribution	Added to Fees
Zip 24	⊢ , ′	29	30	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	current year intangible ☐ Yes ☐ No
24	25 Name and Address of Current		[30]	10. Name and Address of New Registere	
PΔI	LMIERI, THOMAS J		81 Name		
	28 BRICKELL AVE 6TH FLOOR		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	ITE 1401		62 Street Addi	less (F.O. Box Number is Not Acceptaine)	
1	AMI FL 33131		83		
			84 City		■ 85 Zip Code
				F	LII
agent Fai	to the provisions of Sections	tions of, Section 607.0505, Fi	authorized by the corporal orida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the a	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME [UELLENDAHL, SVEN D		1.2 NAME		
STREET ADDRESS	600 CORPORATE DRIVE 512		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 C(1) Y · S1 - Z(P)		
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, JOHN D		2.2 NAME		
STREET ADDRESS	600 CORPORATE DRIVE 512		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY - ST - ZIP	<u></u>	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	<u>.</u> E		3.3 STREET ADDRESS		
CITY-ST-ZIP		Drugge	3.4. CITY - S1 - ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME		beene	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-\$T-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6,4 CITY - S1 - ZIP		

14. 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 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 of 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 chapted, or in an attachment with an address.

1-29-98

FILED

Feb 04 1998 8:00am

Secretary of State