FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						FILED		
	PROFIT		FLORIDA DEPA	ARTMENT C	OF STATE	Apr 13 1	998.8:	00am
CORPORATION ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State					
		Contraction of the second	DIVISION OF CORPORATIONS			Secretary of State		
	MENT # P930	00056	819 (4)				
	VE DEVELOPMENT OF I		• •	•				
	e of Business		g Address		<u>-</u>		ARII ANINI AIIA AIARI III	11 11 1 14 1911 1991
SUITE 103			1001 N.W. 62ND STREET SUITE 103 FT. LAUDERDALE FL 33309			DO NOT WRITE IN THIS SPACE		
	ALE FC 33308	• r. c	NUVENDALE (L 3	3303		3. Date Incorporated or Qualified		
Principal Pl	lace of Business	2a. Ma	alling Address			08/09/1993 4. FEI Number		Applied For
Suite, Apt.	#. elc.	26 Sui	ite, Apt. #, etc.	. <u> </u>		65-0432580	\$87	Not Applicable 5 Additional
		27	· · ·			5. Certificate of Status Desired	EJ Fee	Required
City & State		28	y & State			6. Election Campaign Finançing Trust Fund Contribution		00 May Be led to Fees
Zip	Country 25	Zip 29)	30	ntry	 This corporation owes or has Personal Property Tax due Ju 		r Intangible
	9. Name and Address of Cu		d Agent		61 Name	10. Name and Address of New I		
	INER, STUART D1 N.W. 62ND STREET					Iress (P.O. Box Number is Not Accept	able)	·····
	ITE 103 LAUDERDALE FL 33309				83			
F1.	LAUDENDALE FL 33309			ļ	84 City			Zip Code
Pureuant 1	to the provisions of Sections 607	0502 and 607 1	508 Florida Stati	utes the sh	ove-named cor	poration submits this statement for the	FL FL	n its registered
	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o	7.0502 and 607.1 State of Florida S obligations of, Se	508, Florida Stati Such change was sclion 607.0505, F	utes, the ab authorized lorida Stati	ove-named cor by the corpora ites.	poration submits this statement for the ation's board of directors. I hereby acc		ng its registered t as registered
IGNATURE	Signature, typed or profed name of registerr	ed agent and tale if app	picable (NC	DTE Registered		ifred when reinslating)	e purpose of changir cept the appointment	
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IGNATURE	Signature, typed or printed name of register OFFICERS PD FEINER, STUART B	ed agent and title if app S AND DIRECTO	plicable (NC	DTE. Registered 13. 1.1 TIT 1.2 NA	Agent signature requ	ifred when reinslating)	DATE	TORS IN 12
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