FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCLIMENT #

Principal Place 890 NW 133 PLANTATION US	DAST BLA	CKTOP, INC.		tailing Addross 680 NW 133 DR PLANTATION FL 33325 US		DO NOT WRITE		
						3. Date Incorporated or Qualified		
2. Principal P	lace of Busin	ness	20	, Mailing Address		08/16/1993 4. FEI Number	Applied F	
	21			26		65-0434242	Not Appli	
Sulte, Apt. #, etc.			15.7	Suite, Apt. #, etc.			CO 7E Addition	
22			27			5. Certificate of Status Desired	Fee Required	
City & State				City & State		6. Election Campaign Financing	\$5.00 May B	8
23			28			Trust Fund Contribution	Added to Fees	
Zip		Country	ļ,	Zip	Country	8. This corporation owes or has pa		•
24	- N	25	29		30	Personal Property Tax due June		
ļ		and Address of Cur	rent Hegi	stered Agent	81 Name <	10. Name and Address of New Re	gistered Agent	
JONES, SUSANNE M						DUSANNE M JONES		
D323 WEDGEWOOD DR. TAMARAC FL 66321					82 Street Ac	dress (P.O. Box Number is Not Acceptable No. 133 CDR.VE	ole)	
7770	TOTAL PROPERTY.				83	SU NW 133 DRIVE	·	
l								
					84 City	antation	FL 85 Zio Code	5
11. Pursuant	to the provis	ions of Sections 607.0	0502 and 6	307 1508, Florida Statu	ites, the above-named co	rporation submits this statement for the p	urgose of changing its regist	tered
office or r	registerod ag ım familiər wi	jent, or both, in the St ith, and accept the ob	ate of Flori digations o	ida. Such change wa s af. Section 607.05 05 . Fl	authorized by the corporations at the corporation of the statutes.	ation's board of directors. I hereby accep	ot the appointment as registe	red
SIGNATURE	Lucan				PresideNt TE Registered Agent signature req		Heril 3, 1918	
GIGHATORE	Signature, typico	or printed state or registered	 -				DATE	
12.	<u> </u>	/ OFFICERS	AND DIRE		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D			☐ DELETE	1.1 TITLE		Change	mannan
NAME	JUNEO.	CHICANINE M			1.2 NAME			oomo.
ATTEMEN LEADERS		SUSANNE M			~	Con Was 132 (Driv	10 /	oomo.
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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 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. 954-851-1350