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

PROFIT CORPORATION ANNUAL REPORT

1998



Socretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000063698 (3)

	otgun rd. E Fl 33326
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FILED Apr 07 1998 8:00am Secretary of State

1111	& T, INC). 				_							
Principal Place of Business				Mailing Address					A TARESTORY NA TRIBE TITLE ARTER ART	N ABIN BANK .	A1183 H114 B1118 191	** 1011 1001	
963 SHOTGUN RD. SUNRISE FL 33326 US				963 SHOTGUN RD. Sunrise Fl 33326 Us					DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualifi	ed			
2. Principal P	lace of Duci		т-	a Admilian Sala					09/13/1993		····		
	iace or Busi	ness		a. Mailing Add 1	iress				4. FEI Number			oplied For ot Applicable	
21 Suite, Apt	#. etc		26	Suite, Apt #	. elc.				65-0454825		\$8.75		
22			27	1					5. Certificate of Status Desired			equired	
City & State	0			City & State					6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees					
Zip	¬ ' ⊢¬ ' +			Z(p) Coo			y		8. This corporation owes or has	s paid the			
			29	<u> </u>				Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent					
		and Address of Cu	rrent Heg	istered Agent		81	il ki	ame	10. Name and Address of New	Hegistere	Agent .		
1	MUELS LE						<u>'</u>	anie					
100 N.E. 3 AVE. #400 FT LAUDERDALE FL 33301							2 S	reet Addre	ess (P.O. Box Number is Not Acce	ptable)			
ļ Pi	DAUDERD	ALE FL 33301				83	3						
							1_						
						84	! C	ity		F	L 85 Zip	Code	
11. Pursuant office or r	to the provis	sions of Sections 607 gent, or both, in the S	0502 and tale of Flo	607.1508, Flor rida, Such cha of, Section 603	ida Statutes nge was au 7.0505. Flori	s, the above thorized b	ve-na	med corpo corporation	pration submits this statement for to on's board of directors. I hereby a	ne purpose acept the a	of changing in	s registered registered	
SIGNATURE	rii iga iliilaa yy	m, and ascopt the C	rngations	OI, OCCION CO	1,0000, 11011	od Olaloic							
SIGNATURE	Signature, typico	tor protest name of registers			(NOTE	Fingistered Ac	gent si	nature require	d when reinstating)	DATE			
12.	- 55	OFFICERS	AND DIRE			13.			ADDITIONS/CHANGES TO O	FFICERS A			
TITLE	DP	iert		LJ (DELETE	1.1 TITLE					Change	Addition	
NAME	POSTAL, JEFF			· · ·			1.2 NAME 1.3 STREET ADDRESS						
ľ l	STREET ADDRESS 4000 HOLLYWOOD BLVD. CITY-ST-ZIP HOLLYWOOD FL 33021				the state of the s								
CITY+ST-ZIP TITLE	CPDS	1000 FL 33021		DELFTE 211			ST-ZI	·			Change	Addition	
NAME	SAMUELS, DAVID						2.2 NAME				(<u></u>		
STREET ADDRESS	44						T ADD	RESS					
CITY+ST-ZIP		WOOD FL 33021				2 4 CITY							
TITLE		<u></u> ,7, <u>-</u>			DELETE	31 TITLE		· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME						3 2 NAME		•					
STREET ADDRESS						3.3 STAEF	I ADD	RESS					
CITY-ST-ZIP						3.4. CITY-	- ST - ZI	Р					
TITLE					DELETE.	4.1 TITLE		ļ			☐ Change	Addition	
NAME						4. 2 NAME		ŀ					
STREET ADDRESS						4.3 STREE							
CITY-ST-ZIP	<u> </u>			····-	ELETE	4.4 CITY	ST-ZII				☐ Change	T Addition	
TITLE				ا ليا	ÆLE I E	5.1 TITLE					∟ ∪nange	רים אמטוווטוט	
NAME DESCET ADDRESS						5.2 NAME		DECC					
STREET ADDRESS						5.3 STREE		1					
CITY-ST-ZIP					DELETE	5.4 CITY- 6.1 TITLE					☐ Change	Addition	

CITY-ST-ZIP 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 trusted empowered to execute this report as fequired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachingent with an address.

6.2 NAME

SIGNATURE:

4-2-98