SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000067553 (6)

STERLING PUBLIC RELATIONS, INC.

FILED Jul 22 1998 8:00am Secretary of State

C CALIDARI IIA IBIRI	ELIEF MBILL MBLIL MAIN	Abita Bitti 1886	

Principal Plac	e of Business	Malling Address						
,			•					
4825 LAKEVIEW DRIVE 4825 LAKEVIEW DRIVE MIAMI BEACH FL 33140 MIAMI BEACH FL 33140								
	, 3	,				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
						09/20/1993		
	lace of Business	2a. Mailing Address			· · · -	4. FEI Number	Applied For	
21		26				<u>65-0495193</u>	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22		27					Fee Required	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip 24	Country	⊢ n '	Zip Country			8. This corporation owes or has paid the current year Intangible		
24	9. Name and Address of Curren	1 Postetored Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes XX No	
HOU		it Madistalen wähilt		81 N	lame	10. Hattie and Address of New Registered	Agent	
	VARD, EUGENE J		l	- 1				
	TE 800 1111 LINCOLN ROAD			82 S	32 Street Address (P.O. Box Number is Not Acceptable)			
MIAN	MI BEACH FL 33139			83				
				• •				
			l	84 C	ity	FL	85 Zip Code	
44 5	10.46	2 - 4007 4500 51-24- 01-44-	- Al b					
office or	registered agent, or both, in the State	of Florida. Such change was a	uthorized	by the	neo corpora corporation	tion submits this statement for the purpose of ch i's board of directors. I hereby accept the appoi	anging as registered	
agent. I a	am familiar with, and accept the obliga	ations of, section 607.0505, Flo	rida Stati	ites.	,	• • •	_	
SIGNATURE		1. Jan B. Brack		4 5	-1	od when reinstating) DATE		
12.	Signature, typed or printed name of registered ager OFFICERS AN	D DIRECTORS	13.	eu Agent	signatura require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 T(T	LE		TODATION OF THE PROPERTY OF TH	Change Addition	
NAME	HOWARD, ELSIE S	[] DECETE	1.2 NA	ME			C cusude C vagurou	
STREET ADDRESS	1111 LINCOLN ROAD 800			EET ADD	RESS			
CITY-ST-ZIP	MIAMI BEACH FL		1	Y-ST-ZIP				
TITLE		DELETE	2.1 TIT				Change Addition	
NAME		PLICAL	2.2 NA	ME		'		
STREET ADDRESS			2.3 STF	REET ADD	RESS			
CITY-ST-ZIP				Y-ST-ZIP			· .	
TITLE		DELETE	3.1 TIT				Change Addition	
NAME			3.2 NA	ME		'		
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CITY-ST-ZIP			i i	Y-ST-ZIP				
TITLE		DELETE	4.1 TIT				Change Addition	
NAME			4.2 NA	ME	1	,		
STREET ADDRESS			4.3 STF	EET ADD	RESS			
CITY-ST-ZIP				Y-ST-ZIP			ļ.	
TITLE		DELETE	5.1 TIT		-		Change Addition	
NAME			5.2 NA	ME		,	_ : : : • : :• : •	
STREET ADDRESS			5.3 STF	EET ADD	RESS			
CITY-ST-ZIP				Y-ST-ZIP	.		1	
TITLE		DELETE	6.1 TIT				Change Addition	
NAME		had been t	6.2 NA	ME	l			
STREET ADDRESS				EET ADD	RESS]	
CITY-ST-ZIP	<u>.</u>		6.4 CIT	Y-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 trustee ampowered 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 indices.

SIGNATURE:

8668x12