## 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

DOCUMENT # P93000068215 (1)

INDEPENDENT C INC

Principal Place of Business Mading Address 701 E. COMMERICAL BLVD. P.O. BOX 100009 FT. LAUDERDALE FL 33310 SUITE 300 DO NOT WRITE IN THIS SPACE FORT LAUDERDALE FL 33334 3. Date Incorporated or Qualified 09/30/1993 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0441773 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zφ Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent TOTURA, DOUGLAS B Name 701 E. COMMERICAL BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 300 83 FT. LAUDERDALE FL 33334 City Zip Code 85 i is 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the orbigations 9. Section 607.0505. Florida Statutes. Pursuant to the provisions of Seconfice or registered agent, or be agent. Larn familiar with, and at un shred Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE TOTURA, DOUGLAS B NAME 1.2 NAME 701 E. COMMERCIAL BLVD. #300 STREET ADDRESS 1.3 STREET ADDRESS *3*3308 FORT-LAUDERDALE FL 39334 CITY-ST-ZIP 14 CITY-ST-ZIP DELFTE Change 21 TITLE TITLE

Change Addition Addition 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. City-St-ZiP CITY-ST-ZIP Change DELETE Addition 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 conversion or the receiver or true lee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on any all-achieved with an applicate.

SIGNATURE:

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198 (954)351-1000

**FILED** 

Feb 25 1998 8:00am

Secretary of State