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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070774 (3)

FILED Apr 03 1998 8:00am Secretary of State

| Principal Place 5850 CW 54TI DAWIE FL 333 | H- ₩ E | Mailing Address 5375 STIRLING ROAD DAVIE FL 33314 US | | DO NOT WRITE IN 1 3. Date Incorporated or Qualified 10/05/1993 | |
|---|--|--|--|--|--|
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 4996 | 0 SW 52 ST. # 20 | | | 65-0457217 | Not Applicable |
| Suite Apt. | 1E FLA 33314 | Suite, Apt #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | T. Carrier | Trust Fund Contribution | |
| Zip | Country ADD (A) AOA | Zip | Country 30 | 8. This corporation owes or has paid the Personal Property Tax due June 30. | ne current year Intangible Yes No |
| 24 | 9, Name and Address of Currer | 29 nt Registered Agent | [30] | 10. Name and Address of New Registe | |
| 595 | M, DOREEN 10-SW-54711 -AVE VIE-FL: 333 14 | | 83 84 City | t Address (8 O. Box Number is Not Acceptable) **ANIE*, d corporation submits this statement for the purpor | # 208 33314 FL 85 Zip Code |
| | <u>eq</u> istered agent, or both, in the State | eol Florida. Such change was i | authorized by the co | rporation's board of directors. I hereby accept the | e appointment as registered |
| SIGNATURE | Signature: typad or photod narry of registered age OFFICE RS AN | onl and title if applicable (NOT | | rerequired when reinstating) ADDITIONS/CHANGES TO OFFICERS | 3/27/96 S AND DIRECTORS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered ago OFFICE BS AN | NOT she displicable (NOT | (Registered Agent signatu | re required when re-instating) D | 1 3/27/90° |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature: typad or photod narry of registered age OFFICE RS AN | onl and title if applicable (NOT | 13. 1.1 THLE 1.2 NAME 1.3 STREEF ADDRESS | ADDITIONS/CHANGES TO OFFICERS ### ### ### ### ### ################ | 3/27/96 S AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME | Signature, typied or printed name of respectived ago OFFICE RS AN P TAM, TIM 5075-0TIRLING RD. | onl and title if applicable (NOT | 13. 1.1 THLE 1.2 NAME | re required when reinstating) D ADDITIONS/CHANGES TO OFFICERS | 3/27/96 S AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Signature, typied or printed name of respectived ago OFFICE RS AN P TAM, TIM 5075 OTIRLING RD. DAVIE-FL D TAM, DOREEN 5375 STIRLING ROAD | onl and title of applicable (NOT D DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-S1-7iP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | ADDITIONS/CHANGES TO OFFICERS 4990 SW S2 St. #208 DA-VIE, F2A 33314 | 3/27/90 ATE S AND DIRECTORS IN 12 Change |
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4. 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 employered 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.

3/27/9A