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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra R. Mortham

	IAL REPORT 1998	Socretary DIVISION OF CO		Secretary of State
1. Corporation	MENT # P9300	00071499 (6)		
Principal Place 1503 8 DAL TAMPA FL 3 US	E MABRY HWY.	Mailing Address 4100 N. POWERLINE ROI SUITE H-5 POMPANO BEACH FL 33 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/14/1993
→ ·	ace of Business	26. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For
Suite, Apt.	#, etc.	Suile, Apt. #, etc.		65-0442475 Not Applicable 6. Certificate of Status Desired \$8.75 Additional
City & State	<u> </u>	City & State		Fee Required
23	,	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip 24	Country 25 9. Name and Address of Curre		Country	8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No 10. Name and Address of New Registered Agent
X 872 E OAKLAND PARK BLVD OAKLAND PARK FL 33324			83 City	JAKE GERSOWSKY Address (P.O. Box Number is Not Acceptable) 4100 N. POWERLINE ROAD SUITE H-5 POMPANO BEACH FL 85 Zip Code 33073
SIGNATURE		JAKE GERSOWSKY	the above-named thorized by the corp da Statutes. CONTRO	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered 314198
12.		agent and interfrapplicable INOTE: IND DIRECTORS	Registered Agent signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 THLE	SECRETARY Change Paddition
NAME	FABIAN, RONALD M		1.2 NAME	JAKE GERSOWSKY
STREET ADDRESS	872 E OAKLAND PARK BL OAKLAND PARK FL 33334		1.3 STREET ADDRESS	HIDO N. POWERLINE RD # H-5
CITY-ST-ZIP TITLE	OUNDHID LUMB IE 20004	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	POMPANO BEACH, FL 33673
NAME			2.2 NAME	·
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		T DELETE	2. 4 CITY-ST-ZIP	Change Addition
TITLE NAME			3.1 TITLE 3.2 NAME	Change C Adultion
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			3 4. CHTY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADORESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME		••••	52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST- ZIP	
TITLE		DELETE	61 TITLE	☐ Change ☐ Addition
NAME	/	1	6.2 NAME	Į į
STREET ADDRESS	//	<i>(</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. Thereby certify that the information sympted 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 purposential arrupal 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 of 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 changer, ordin an attachment with an address.

SIGNATURE:

JAKE GERSOWSKY

3/4/98

(954) 984-9136

FILED

Mar 10 1998 8:00am