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 # P93000072739 (4)

Country

9. Name and Address of Current Registered Agent

25

450 E LAS OLAS BLVD 900 TALLAHASSEE FL 33301

HORVITZ, WILLIAM D
' LAS OLAS CTR

NEEDLES, INC.

FT. LAUDERDALE FL 33301

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zφ

22

23

24

Principal Place of Business Mailing Address

LAS QLAS CTR LAS OLAS CTR
450 E LAS OLAS BLVD 900 450 E LAS OLAS BLVD 900

26

28

29

FT. LAUDERDALE FL 33301

2a. Mailing Address

City & State

Suite, Apt. #, etc

DO NOT WRITE IN THIS SPACE

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

FILED

May 18 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified	
10/19/1993	
4. FEI Number	Applied For

8. This corporation owes or has paid the current year Intangible

65-0442740

Street Address (P.O. Box Number is Not Acceptable)

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

•			ſ					1	
			84	City	FL B5	Zip C	Code	1	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature type-tic proted turne of registered again and little of applicable (NOTE Registered Agon) signature required whon reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOR:	S IN 12	Įģ	
TITLE	DPST	DELETE	1.1 TITLE			hange	Addition	35	
NAME	HORVITZ, WILLIAM D		1.2 NAME		†			2	
STREET ADDRESS	1 EAST BROWARD BLVD., #1101		1.3 STRÉET	ADDRESS				[
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY - S	T-ZIP				រី	
TITLE	V	DELETE	2.1 TITLE			hange	Addition	7	
NAME	HORVITZ, DAVID W		2.2 NAME						
STREET ADDRESS	1 EAST BROWARD BLVD., #1101		2.3 STREET	ADDRESS				1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2. 4 CITY-	ST - <i>Z</i> ŧP					
TITLE	V	DELETE	3.1 TITLE			hange	Addition]	
NAME	Lule, douglas s		32 NAME					1	
STREET ADDRESS	1 EAST BROWARD BLVD., #1101		33 STREET	ADDRESS				1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		3 4. CITY-5	ST - ZIP	<u> </u>	_			
TITLE		☐ DELETE	4.1 TITLE			hange	Addition Addition]	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS	·				
CITY-ST-ZIP			4.4 CITY - S	1 - 21P					
TITLE		☐ DELETE	5.1 TITLE			hange	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS				l	
CITY-ST-ZIP			54 CITY-S	T-ZIP				1	
TITLE		DELETE	61 TITLE) Lic	hange	Addition	-	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S					1	
14. I hereby certify that the information supplied with this filing door 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 in 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 true coefficients and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.									

Country