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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93

P93000072797 (2)

Mailing Address

TALPOS, SABAU AND ASSOCIATES, INC.

FILED
May 04 1998 8:00am
Secretary of State



2021 S.W. 70TH AVENUE BUILD B. BAY 22 DAVIE FL 33317		5706 N.E. 17 TERR. FORT LAUDERDALE FL 33334		DO NOT WRITE IN THIS S	SPACE	····	
US					<ol> <li>Date Incorporated or Qualified</li> <li>10/11/1993</li> </ol>		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		pplied For
21 0 705 Suite, Apt	5W43St	Suite, Ant. #, etc.		- <del></del>	65-0448328		ot Applicable
22 Suite, Apt.	#, etc.	27			5. Certificate of Status Desired		Additional equired
	DAVIE, F-L [28]				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
<sup>Zip</sup> 33331	4 25 U.S.A.	Ty. A . 29 Cour			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You No		
a, Italia and Addiess of Content Neglisland Agent				10. Name and Address of New Registered Agent			
SABAU, DANIELA				81 Name			
5706 N.E. 17TH TERR. FORT LAUDERDALE FL 33334			8	2 Street	Address (P.O. Box Number is Not Acceptable)		
FORT ENOBERDALE FE 533394			8	3			
			8	4 City	FL	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607 6502 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							
12.	Signature, typical or protect name of registered agent OFFICERS AND		13.	geni signatur	c required when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND	DIBECTOR	RS IN 12
TITLE	0	DELETE	1.1 TITLE		7.0011101070111110E0 10 01110E1107111	Change	Addition
NAME	TALPOS, AUREL 1.2		1.2 NAM	Ε			
STREET ADDRESS			1.3 STREET ADDRESS				-
CITY-ST-ZIP	HALLANDALE FL 33009		1.4 CITY	- ST-ZIP			
TITLE	D	☐ DELETĒ	2.1 TITLE			☐ Change	☐ Addition
NAME	SABAU, AUREL		22 NAME		1		ļ
STREET ADDRESS	5706 N.E. 17 TERR.		2 3 STRE	et address			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			-ST-ZIP		<del></del>	
TITLE			3.1 TITLE			Change	Addition
NAME	LOHSE, H. DONALD		3.2 NAM				
STREET ADDRESS	2021 SW 70TH AVENUE			ET ADDRESS			1
CITY+ST-ZIP	DAVIE FL	DELETE	3.4. CITY			Change	Addition
TITLE		U DITTE	4.1 TITLE			L Change	Addition
NAME			4. 2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE			Change	Addition
			<b>.</b>		}		
NAME STREET ADDRESS			5.2 NAM 5.3 STRE	E1 ADORESS			
CITY-ST-ZIP			5.4 CITY				ŀ
TITLE		DELETE	61 TITLE			Change	Addition
NAME			62 NAM		1		
STREET ADDRESS			1	et address			
CITY-ST-ZIP			6.4 CITY				1
	artifu that the information complied with	this tiling does not qualify to			ed in Section 119 07/3/(i) Florida Statutes Liturther ce	etifu that the	information

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 early; that I am an officer or director of the corporation or 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 chapted, or on an attachment with an address.

SIGNATURE:

Aurel Sabau

4/22/98 (954)475-2674