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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P9400004608 (3) **DOCUMENT** #

ANTHONY MICHAEL CROTHERS, P.A.

FILED Mar 03 1998 8:00am Secretary of State



		····									
Principal Place of Business Mailing Address											
1352 SW 160TH AVE 591 SW 169TH TEI SUNRISE FL 33326 FT LAUDERDALE F					33323			DO NOT WRITE	IN THIS S	SPACE	
"								3. Date Incorporated or Qualified			
								01/10/1994			
2. Principal P	lace of Busi	ness	2a.	2a. Mailing Address				4. FEI Number			Applied For
21			26	26				59-3223911			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22 27				<u> </u>				6. Certificate of States Desired		Fee F	Required
City & State	e		<u> </u>	City & State				6. Election Campaign Financing	_	\$5.00	0 May Be
23			28					Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country Zip			Zip	Country			8. This corporation owes or has paid the current year Intangible			
24	25 29 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent					
9. Name and Address of Current Registered Agent							Name	10. Name and Address of New Heg	IISTOLOG Y	:Beilt	
CROTHERS, ANTHONY M 591 SW 169TH TER						81	TTUTTO				
						82	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
rı	CAUDERD	ALE FL 33323				B3		· · · · · · · · · · · · · · · · · · ·			
						00					
						B4	City			85 Zip	Code
4 d Duraumat	to the provid	sions of Sections CO7 Of	02 and 60	7 1500 Florida Ptot	too tho o		named sore	oration submits this statement for the pu	FL	shanaina	ita registered
office or r agent. I a	egi ste red ag m fam illar w	gent, or both, in the Sta gifth, and accept the obl	te of Florida gations of,	Such change was Section 607.0505, I	authorize Torida Sta	d by utes	y the corporati s.	ion's board of directors. I hereby accept	the appo	zintment a	s registered
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registe							ent signature require	ed when reinstating)	DATE	B.DESE	
12.	В	OFFICERS A	ND DIREC	DELETE	13.	rı r		ADDITIONS/CHANGES TO OFFICE		Change	
TITLE	P PDOTU	ers, anthony			1.1 TI					Change	L.J. ADDITION
NAME		169TH TERRACE			1.2 N						
STREET ADDRESS		IDERDALE FL 33326					ADDRESS				
CITY-ST-ZIP	FI. DAU	IDENDALE PL 33320		DELETE			ST - ZIP			Change	Addition
TITLE				☐ DELETE	2.1 T					Change	☐ Audillon
NAME					2.2 N						
STREET ADDRESS							ADDRESS				1
CITY-ST-ZIP				DELETE	2. 4 C		ST-ZIP	•	-	☐ Change	☐ Addition
TIFLE											☐ variation
NAME					3.2 N		ADDRESS				Ī
STREET ADDRESS							ADDRESS				ĺ
CHY-ST-ZIP TITLE				DELETE	3.4. C		ST-ZIP			Change	Addition
NAME				044416	4.1 H					5160190	Land Floor(of)
STREET ADDRESS							4000000				
					•		ADDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		☐ DELET E	4.4 CI 5.1 TI	-	1-219			Change	Addition
TITLE				C precit			1		1		Addition
NAME expect about co					5.2 N/		*DD0100				
STREET ADDRESS							ADDRESS				1
CITY-ST-ZIP	· •		<u> </u>	DELETE	5.4 CI		1-ZIP			Change	Addition
TITLE				ווייים סנונונ	6.1 TI					change	LT WOOIIION
NAME					6.2 N						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP					6.4 CI	Y-\$	T-ZIP				

14. 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 empowered 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.

SIGNATURE.

2/26/98

954-384-0245