## 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 # P94000005145 (5) .

LETTERS AND SPACES, INC.

FILED

28 JUL 30 AM 9: 39

CONTRACTOR STATE



						i
Principal Place	e of Business	Mailing Address				
6635 COMME		6635 COMMERCIAL BLV	D.			
TAMARAC FL 33919		TAMARAC FL 33319			DO NOT WRITE IN THI <b>S S</b> PACE	
					3. Date Incorporated or Qualified	
					01/12/1994	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	<del>,</del> -
21		26			65-0458961 Not Applied 15	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$9.75 Additions	
22		· · · · · · · · · · · · · · · · · · ·	27		5. Certificate of Status Desired Fee Required	'
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	$\neg$
23		28			Trust Fund Contribution  Added to Fees	
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the current year Intangible	
24	_ 25 29 30		30	Personal Property Tax due June 30.		
	g, Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Agent	
GU	r <b>se</b> y, sidney		8	1 Name		
	5 COMMERCIAL BLVD.		B	Street Add	dress (P.O. Box Number is Not Acceptable)	-
	MARAC FL 33319		ا ا	OF COLLAGO	iodress (F.O. Box Humber is Not Acceptable)	
			В	3		
			<u> </u>	4 00	144 7.0	
			6	4 City	FL 85 Zip Code	
11. Pursuant to	to the provisions of Sections 607.0502 ogistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida. Such change was	tes, the abo authorized I	ve-named cor by the corpora	rporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registere	red id
	m f <b>a</b> miliar with, and accept the obliga	ations of, Section 607.0505, Fi	iorida Statut	98.		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NO	TE Registered A	gent signature requ	uired when reinstaling DATE	ے
12.	OFFICERS AND		13.	<u></u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TrTLE	<b>D</b> ST ,	☐ DELETE	1.1 TITLE		Change Addi	ition 🗧
NAME	KRATE, GENE		1.2 NAM			2
STREET ADDRESS	6635 COMMERCIAL BLVD.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	TAMARAC FL 33319		1.4 CITY	ST-ZIP		18
TITLE		DELETE 2.1 T			Change Addi	tion
NAME			2.2 NAMI		20000260 <b>86</b> 62	۲
STREET ADDRESS			2.3 STRE	ET ADDRESS	****150.00 ****150.00	.
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP		}
TITLE		☐ DELETE	3.1 TITLE		Change Addi	tion
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addi	tion
NAME			4. 2 NAM	É		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addi	tion
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	ſ	^	
TITLE		DELFTE	6.1 TITLE		Change Add	(CID)
NAME			6.2 NAME		~ (4)V	<b>)</b> [ (
STREET ADDRESS				T ADDRESS	الار مراك	- 1
CITY-ST-ZIP			6.4 CITY-		•	

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

## JULY 16 1998

## MR. TYRONE SCOTT:

AS PER OUR TELEPHONE CONVERSATION OF TODAY AT 12:15 PM

I WAS SICK IN THE HOSPITAL AND DIDN'T SEND THIS OFF ON TIME

PLEASE ACCEPT MY CHECK NOW I WOULD APPRECIATE IT.

Sene Gene Gene Gene