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 # P9400009801 (9)

FILED Feb 10 1998 8:00am Secretary of State

APPEL	.MAN/SCHAUBEN & CO., I	NC.	• /		
Principal Place	of Business	Mailing Address		I SABLIBOR IIN IQIII ALALE ADISI ABIII ABIII ABIII ABIII AB	ILÁ FALAT FATIT ÁÐIÐI LÍÐI IZÐI
777 N.W. 72ND AVE. SHOWROOM 1-AA-51		777 N.W. 72ND AVE. SHOWROOM 1-AA-51		DO NOT WRITE IN THIS S	SDACE
MIAMI FL 3	3126	MIAMI FL 33126		3. Date Incorporated or Qualified	PACE
				02/04/1994	į į
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0464959	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc. [27]		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζφ	Country	This corporation owes or has paid the curr	
24	[25]		30		Yes No
	9. Name and Address of Curre	ut unflistaten wheur	81 Name	10. Name and Address of New Registered A	(Getir
	PPELMAN, LOUISE 77 N.W. 72ND AVENUE				· <u>·</u>
	HOWROOM 1-AA-51		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1	IAMI FL 33126		63		
			84 City	FL.	85 Zip Code
11 Pursuant t	o the provisions of Sections 607 Out	12 and 607 1508 Florida State	ites the above-named c	corporation submits this statement for the purpose of	changing its registered
 office or re 	egistored agent, or both, in the State in familiar with, and accept the oblig	∍of Florida. Such change was	authorized by the corpo	oration's board of directors. I hereby accept the appoint	ointment as registered
	птания мит, ало ассергие оогд	алона от, веслод вотловов, г	ionida statutes.		
SIGNATURE .	Skyladore typist or pentodinans, of regularidity.	cicles distribution population (NO	OTE Registered Agent signature re	equired when reinstating) DATE	
12.	OLLICERS AN	O DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	APPELMAN, LOUISE		1.2 NAME		
STREET ADDRESS	777 N.W. 72ND AVE., SHO	WROOM 1-AA-51	1 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33128		1.4 CITY-ST-ZIP		
TITLE		☐ DETETE	2 1 TITLE		Change Addition
NAME			22 NAME		1
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		Ļ Þitill	3.2 NAME		C Suburgo C Distriction
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELFTE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		į
CITY+ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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 suppliemental arrival 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:

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1.29.98

/ 305-266-8517 Davime Pione 9 0174004