## 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 # P94000010211 (8)

KATZMAN & KORR, P.A.

## FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			r consisted) and commit masses notice and contact and
1100 SOUTH STATE ROAD SEVEN SUITE 102 MARGATE FL 33068 US	1100 SOUTH STATE R SUITE 102 MARGATE FL 33068 US	oad sevi	EN	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
Principal Place of Business	2a. Mailing Address			01/31/1994 4. FEI Number Applied For Not Applied be Not Applied For Not Applied be Not Applied b
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	Zip 29	30 Cou	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30,  Yes  No  No
<ol><li>Name and Address of Current</li></ol>	Registered Agent			10. Name and Address of New Registered Agent
KATZMAN, LEIGH C	•	ļ	81 Name	
1100 SOUTH STATE ROAD SEVER SUITE 102	V		82 Stree	t Address (P.O. Box Number is Not Acceptable)
MARGATE FL 33068			83	
			84 City	FL 85 Zip Code

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.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Signature, typed or printed name or registered agent and title if applicable. (NOTE: F			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	P P	DELETE	1.1 TITLE	Change Addition				
NAME	KORR, FERREN L		1.2 NAME					
STREET ADDRESS	7950 W MCNAB RAOD #206		1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33321		1,4 CITY-ST-ZIP					
TITLE	VPST	DELETE	2,1 TITLE	Change Addition				
NAME	Katzman, Leigh C		2.2 NAME					
STREET ADDRESS	5545 N. MILITARY TRAIL, #2303		2.3 STREET ADDRESS					
CITY - ST - ZIP	BOCA RATON FL 33496		2. 4 CITY - ST - ZIP					
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	j				
CITY - ST - ZIP			3.4, CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 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			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE	<del></del>	DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
	,		B					

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: ALKO

16/98 /954)972-8228

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