SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024469 (6)

FILED Oct 07 1998 8:00am Secretary of State

	BEITER		Mallanda						
Principal Plac	e of Busines	Mailing Addres	nalling Address				***************************************		
9113 N.W. 53RI CORAL SPRING				9113 N.W. 53RD ST. CORAL SPRINGS FL 33067				DO NOT WRITE IN T	HIS \$PACE
								3. Date Incorporated or Qualified	
								03/24/1994	_
2. Principal P	lace of Busi	ness	h1	2a, Mailing Address				4. FEI Number	Applied For
Suite, Apt.	# elc			Suite, Apt. #, etc.				65-0481069	Not Applicable \$8.75 Additional
22	w, 610.		r1	27				5. Certificate of Status Desired	Fee Required
City & Stat	е		~	City & State				6. Election Campaign Financing	\$5.00 May Be
23			h 1	[28]				Trust Fund Contribution	Added to Fees
Zip	Country		·	Zip Country				8. This corporation owes or has paid the	
24	25		29	30				Personal Property Tax due June 30. Yes No	
	9. Name	and Address	of Current Registered Agent		<u> </u>			10. Name and Address of New Register	ed Agent
LEDI	BETT e r, Ki	M			81	Na	me		
9113 N.W. 53RD ST. CORAL SPRINGS FL 33067						Stre	eet Addres	ss (P.O. Box Number is Not Acceptable)	
COR	AL OFFINI	X3 FL 33001			83				·-
						ļ			·
					84	City	y	F	85 Zip Code
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 Stateon 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	-	<u>. </u>	CERS AND DIRECTORS		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTDS			ELETE	1.1 TITLE				Change Addition
NAME	LEDBETT	er, kim			1.2 NAME				
STREET ADDRESS	9113 N.W	/. 53RD ST.					:ss		
CITY-ST-ZIP	CORAL S	PRINGS FL			1.4 CITY-ST	-ZIP			
TITLE				ELETE	2.1 TITLE				Change Addition
NAME					2.2 NAME				
STREET ADDRESS					23 STREET	ADDRE	ss		
CITY-ST-ZIP					2.4 CITY-ST	-ZIP			
TITLE				ELETE	3.1 TITLE				Change Addition
NAME					3.2 NAME				•
STREET ADDRESS				ļ	3.3 STREET	ADDRE	SS		
CITY-ST-ZIP					3.4 CITY-ST	-ZIP			
TITLE			[_]0	ELETE	4.1 TITLE		}		Change Addition
NAME					4.2 NAME				
STREET ADDRESS					4.3 STREET	ADDRE	SS		
CITY-ST-ZIP					4.4 CITY-ST	-ZIP			
TITLE			D	ELETE	5.1 TITLE				Change Addition
NAME					5.2 NAME		1		
STREET ADDRESS					5.3 STREET	ADDRE	ss		
CITY-ST-ZIP					5.4 CITY-ST	-ZIP			
TITLE			<u>_</u> l o	ELETE	6.1 TITLE				Change Addition
NAME .				İ	6.2 NAME		- 1		
STREET ADDRESS					6.3 STREET		ss		
CITY-ST-ZIP					6.4 CITY-ST	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 employeered 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 op an attachment with an address.

CICNATURE.

9-18-18

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