## 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 #** P94000038948 (3)

## **FILED** May 14 1998 8:00am Secretary of State

Principal	Place of Business	Mailing Address  900 ROCK HILL AVE DAVIE FL 33325 US		DO NOT WRITE IN TH  3. Date Incorporated or Qualified	
				05/24/1994	_
2. Princip 21	oal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	Apt. #, etc.	<b>26</b>		65-0495613	Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City &	State City & State			6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
	KNOFF, BARBARA		81 Name	10. Isamo ano Addiesa di Isaw Negistere	ou Agent
900 ROCK HILL AVE			82 Street Add	/DO Do Market National III	
	DAVIE FL 33325		50 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
34 5			1-1	F	
office agent		ale of Florida. Such change was Figations of, Section 607.0505, Fl	les, the above-hamed corp authorized by the corporal orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e of changing its registered in prointment as registered
	Signature, typed or printed name of registered		E. Registered Agent signature requ		
12. TITLE	OFFICERS A	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	KNOFF, BARBARA	☐ DECEIE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADOR	AAA DAAW IIII AWE		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		Ĺ
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	CONSTANTINE, TROY		2.2 NAME		
STREET ADDR			2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	KNOFF, NORMAN		3.2 NAME		
STREET ADORS	900 ROCK HILL AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVIE 1	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.2 NAME		L. Change L. Addition
STREET ADDRI	-ss		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE	***************************************	Change Addition
NAME			5.2 NAME		
STREET ADDRE	ess		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 THILE		Change Addition
NAME			6.2 NAME		,
STREET ADDRE	588		6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this bling doos not qualify to	6.4 CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes i further	and the state of t

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 eath; 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.