

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



FILED

98 JUN -5 PM 1:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040914**
 1. Corporation Name: **1601 LAUDERHILL Inc.**

Principal Place of Business: _____ Mailing Address: _____

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
 21 **1601-37 NW 38th Ave**
 Suite, Apt #, etc.
 22
 City & State: **LAUDERHILL, FL**
 23
 Zip: **33311** Country: **USA**
 24

2a. Mailing Address:
 26 **8300 Biscayne Blvd.**
 Suite, Apt #, etc.
 27
 City & State: **Miami, FL**
 28
 Zip: **33138** Country: **USA**
 29

3. Date Incorporated or Qualified: **5/94**

4. FEI Number: **65-0491380** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: **DEBORAH MARSHALL**

82 Street Address (P.O. Box Number is Not Acceptable): **8300 Biscayne Blvd.**

83

84 City: **Miami** FL 85 Zip Code: **33138**

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.

SIGNATURE: **Deborah Marshall** (NOTE: Registered Agent signature required when resigning) DATE: **5/30/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	William D. Bailey Jr.
13 STREET ADDRESS	President
14 CITY-ST-ZIP	8300 Biscayne Blvd
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	V-Pres.
23 STREET ADDRESS	William D. Bailey Sr.
24 CITY-ST-ZIP	8300 Biscayne Blvd
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Treasurer
33 STREET ADDRESS	James H. Bailey
34 CITY-ST-ZIP	8300 Biscayne Blvd
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Secretary
43 STREET ADDRESS	Richard Keith Decker
44 CITY-ST-ZIP	8300 Biscayne Blvd
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 *****150.00 *****150.00

14. I hereby certify that the information submitted with this filing does not qualify for the exemption in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 executor 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 addition listed with an address.

SIGNATURE: **William D Bailey Jr** DATE: **5/30/98** REGISTERED AGENT: **305-757-1560**

CP2E034 (10/97)