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 # P94000042211 (0)

PITTS & ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



4/30/98

4770 BISCAYNE BLVD. # 1130 MIAMI FL 33137		4770 BISCAYNE BLVD # 1130 MIAMI FL 33137		DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified 06/06/1994	•	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	IA	oplied For	
21 4770 Biscayne Blod , 1200		26 4770 Biscayne Blad. 1200		65-0496333	No	ot Applicable	
Suite, Apt. #, etc. 22 50:1- 1200		Suite, Apt. #, etc. 27 Suite 1200		5. Certificate of Status Desired	Desired S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23 Miami Florida		28 Migmi Florida		Trust Fund Contribution			
Zip	Country	Zip	Country		8. This corporation owes or has paid the cu	rrent year Int	tangible
24 2313			10 0	5 .A	1		□ No
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	u
PITTS, CLINTON J 81 Name							
4770 BISCAYNE BLVD., # 1130				82 Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33137	4776					
			83	<u> </u>	_ 1200		
			1				
			84 C	Dity	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.							
SIGNATURE Signature, typed or proded name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating). DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	<u>D</u>	DELETE	1.1 TITLE			☐ Change	Addition
NAME	PITTS, CLINTON J		1.2 NAME				_
STREET ADDRESS	TAGE ODGIVE GATE DI AGE		1.3 STREET ADD	nacce			
CITY-ST-ZIP	MIAMI LAKES FL 33014						
TITUE	MINTAN BARCOTE GOOTS	DELETE	1.4 CITY - ST - ZI 2.1 TITLE	<u> </u>		Change	Addition
NAME			2.2 NAME			- viango	
				20100			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-S1-Z 31 TITLE	(P		Change	Addition
NAME		L. Dettert					
· .			32 NAME	20000			
STREET ADDRESS			3 3 STREET ADD				
CITY-ST-ZIP TITLE		☐ DELET E	3.4. CITY-ST-Z	IP		Change	Addition
NAME		L Deteit	4.1 IIILE 4.2 NAME			- viianyo	La radition
				20000			
STREET ADDRESS			4.3 STREET ADD				1
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZI	P		Change	Addition
TITLE		□ DECEME	5.1 TITLE			L) Glange	
NAME OTORET ADDOSCO			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP		Drifte	5.4 CITY - ST - ZI	IP		T Charac	B platata.
TITLE		LJ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	RESS			
CITY-ST-ZIP			6.4 CITY - ST - 2I				
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 supplemental annual report is trusted 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 trusted 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 apprecia.							