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 # P94000045344 (6)

B & K	AMERICAN NATIONAL IN		NCE AGENO	ONI ,YC).]		
2020 NE 49TH ST. 2020 NE 49TH ST.							·			
POMPANO B	EACH FL 33064		POMPANO BEACH FL 33064					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
								06/17/1994		
2. Principal Pla	oe of Business	2a. Mailing Address						4. FEI Number Applied For		
21	26						65-0507011 Not Applicable			
Suite, Apt. #	, etc.	27	Suite, Apt. #,	etc.				5. Certificate of Status Desired See Required		
City & State		28	City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zıp	Country		Zip		Count	try		8. This corporation owes or has paid the current year Intangible		
24	25	29			30			Personal Property Tax due June 30. 🔲 Yes 🔲 No		
	g. Name and Address of Curre	nt Regis	tered Agent			11	Name	10. Name and Address of New Registered Agent		
2020 NE 49TH ST POMPANO BEACH FL 33064					8	3	Street Add	fdress (P.O. Box Number is Not Acceptable) FL 85 Zip Code		
SIGNATURE _	the provisions of Sections 607.05 pistered agent, or both, in the Stat familiar with, and accept the obli							orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered		
12,		OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTSV	10 0,11	[] DEL	ETE	1.1 TITLE			Change Addition		
NAME	BUTLER, RICHARD E		1.21		1.2 NAME					
STREET ADDRESS	2020 NE 49TH STREET			1,3 STP		FT A	AODRESS			
CITY-ST-ZIP	POMPANOBEACH FL			1.4 CI						
TITLE	D				2.1 TITLE			Change Addition		
NAME	BUTLER, RICHARD E		_		2.2 NAME	E	ŀ	_ • _		
STREET ADDRESS	2020 NE 49TH STREET				23 STRE		ATIDRESS			
CITY-ST-ZIP	POMPANO BEACH FL					2. 4 CITY+ST-ZIP				
TITLE	TAURINIA ARIANTE				3.1 TITLE		. Change Addition			
NAME					3.2 NAM	E	1	· · · · ·		
STREET ADDRESS					3.3 S1RE		ADDRESS			
CITY-ST-ZIP					3.4. CITY					
TITLE			☐ DEL	ETE	41 TITLE			Change Addition		
NAME					4, 2 NAM	IF.	1			

6.4 CITY - ST - ZIP 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, if 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 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

Change

Change

Addition

Addition

FILED

Apr 07 1998 8:00am

Secretary of State