## 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 # P94000047882 (3)

Principal Place of Business Mailing Address  5065 N. DIXIE HWY OAKLAND PARK FL 33334  Mailing Address  OAKLAND PARK FL 33334			ı	DO NOT WRITE IN THIS SPACE	
US		US			
<u> </u>				3. Date Incorporated or Qualified 06/27/1994	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0502558	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	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 o	
24	25   9. Name and Address of Curi		30	Personal Property Tax due June 30.  10. Name and Address of New Registers	Yes No
	<del></del>	ent neglistelen Whalit	81 Name	10. Hailie Bild Address of Hew Registere	o Agent
LAYSTROM, C WILLIAM JR 1177 SE 3RD AVE					
FT LAUDERDALE FL 33316			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
[ "	DAUDENDALE (E 33310		83		
			84 City	F	85 Zip Code
agent. I a	arn familiar with, and accept the ob-	ligations of, Section 607.0505, Flo	rida Statutes.  Registered Agent signature requi	poration submits this statement for the purpose tion's board of directors. I hereby accept the a part of the statement for the purpose tion's board of directors. I hereby accept the a purpose for the statement of the statement	
TITLE	D	DELETE		LOANE	Change Addition
NAME	STOANE, DEBORAH	LJ VIACIL		3 80 Packsipe circle south	E overige E vision
STREET ADDRESS	6767 VIA REGINA		1.3 STREET ADDRESS	3 80 MILESIDE CHILE SOUTH	
CITY-ST-ZIP	<b>BOCA RATON FL</b>		1.4 CiTY-ST-ZIP		
TITLE	Ö	DELETÉ	2.1 TITLE	·	Change Addition
NAME	CANTOR, LAURIE		2.2 NAME		
STREET ADDRESS	4000 ISLAND BLVD.		2.3 STREET ADDRESS		
CITY+ST-ZIP	N. MIAMI FL		2. 4 CITY - ST - ZIP	•	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	<del>-</del>	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE1 ADDRESS		
CfTY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME	į.		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		Custilite Ti Mitti((0))
NAME			6.2 NAME 6.3 STREET ADDRESS		
STREET ADDRESS					

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 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. CITY-ST-ZIP

Paheit Stoane Medlet Whales 954-491-6000

**FILED** 

Apr 27 1998 8:00am

Secretary of State