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 #

P94000048814 (5)

WHEL	AN & DEMAIO, P.A.		• •			
Principal Place of Business Mailing Address						
1401 BRICK SUITE 500 MIAMI FL 3	CELL AVENUE 3131	1401 BRICKELL AVENUE SUITE 500 MIAM! FL 33131		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2 Pelasiasi C	lace of Dusings	2a. Mailing Addres			06/27/1994 4. FEI Number	
2. Principal Place of Business			26		65-0502772	Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		**	\$9.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	е	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Col	ıntry	8. This corporation owes or has paid	the current year Intangible
24	25	29	30		Personal Property Tax due June 3	
	 Name and Address of Current /HELAN, MICHAEL G 	ent Registered Agent		81 Name	10. Name and Address of New Regi	stered Agent
S W	401 BRICKELL AVENUE JUTE 500 IIAMI FL 33131 to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida te of Florida. Such change igations of, Section 607.05	Statutes, the a was authorize 05, Florida Sta	83 84 City	orporation submits this statement for the puration's board of directors. I hereby accept	FL 85 Zip Code
	Signature typod or printed name of registered a	igent and title if applicable	(NOTE: Registere	d Agent signature rei	quired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
NAME STREET ADDRESS CITY-ST-ZIP	D WHELAN, MICHAEL G 1401 BRICKELL AVENUE, MIAMI FL 33131	SUITE 500	1.2 N 1.3 S			☐ Change ☐ Addition
TITLE	D	DELE	TE 2.1 T	TLE		Change Addition
NAME	DEMAIO, DAVID M		2.2 N	AME		1
STREET ADDRESS	1401 BRICKELL AVENUE,	SUITE 500	2.3\$	IREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	<u></u>		ITY-ST-ZIP	:	
TITLE		☐ DELE	TE 31 T	TLE		☐ Change ☐ Addition
NAME			3 2 N	AME		į
STREET ADDRESS			338	TREET ADDRESS		
CITY - ST - ZIP				TY-ST-ZIP		
TITLE		☐ DELE	TE 4.1 T	TLE		Change Addition
NAME			4.2 N	AME		

64 CITY-ST-ZIP

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 suppliemental 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 ettachment with an address.

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

-) () Rum

DELETE

DELETE

3/12/98

305-374-0506

Change

Change

Addition

Addition

FILED

Mar 17 1998 8:00am

Secretary of State

2E034 (10/97)