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 # PQ4000057421 (7)

1. Corporation	II L. WITLEN, INC.	10001421 (1	,		
					A
Principal Plac	e of Business	Mailing Address		{	## BINIT IDDIK DIDIB PROBI NELI 1881
9777 WESTVIEW DR		9777 WESTVIEW DR			
1117	RINGS FL 33076	1117 CORAL SPRINGS FL 3	2070	DO NOT WRITE IN TH	IIS SPACE
US	N#03 FL 33076	US US	30/6	3. Date Incorporated or Qualified	- IO OF HOL
				08/03/1994	
2. Principal P	Place of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		59-2431279	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zφ	Country	8. This corporation owes or has paid the	current year Intangible
24	25	[29]	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ad Agent
	VITLEN, SHERI L.		81 Name		
9777 WESTVIEW DR			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	117		83		
·	CORAL SPRINGS FL 33076				
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the			es, the above-named corp	gration submits this statement for the nurgoes	of changing its registered
OTRCE OF I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was	authorized by the corporati	ion's board of directors. I hereby accept the a	appointment as registered
SIGNATURE				3 9	-00
SIGNATURE	Signature type dior printed native of regular rectings	Ditten Ross	Firegistered Agent signature require	ed when reinstating) DATE	<u> </u>
12.	OFFICERS AND	****	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	☐ DELETE	1 1 TITLE		Change Addition
NAME	WITLEN, SHERI L.		1 2 NAME		
STREET ADDRESS	9777 WESTVIEW DR, 1117 CORAL SPRINGS FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CONAL SPRINGS PL	DELFIE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			22 NAME		C change C Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY-S1-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STHEET ADDRESS		
CITY-S1-ZIP			3 4. CITY - ST - ZIP		
TITLE		DEFFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-Zip			4.4 CiTY - ST - ZiP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZIP		Change Addition
TITLE		טוננונ 🗀 טוננונ	6.1 TITLE		Change Addition
NAME PERCET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I bereby o	l cerlify that the information supplied wi	th this bling does not qualify for	6.4 CITY-ST-ZIP	Section 119 07(3Vi) Florida Statutes I further	cortify that the information

Indicated on this annual report or supplemental annual report is frue 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 trustor employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Feb 10 1998 8:00am

Secretary of State