FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

Apr 06 1998 8:00am

Secretary of State

(954)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000059738 (2)

LAW OFFICES OF BRIAN P. O'SULLIVAN, P.A.

Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Required City & State City & Stat
DEERFIELD BEACH FL 33441 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/12/1994 2. Principal Piace of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 20 Country 20 Country 20 Country 20 Country 21 Country 22 Country 25 Country 26 Country 27 Country 28 Country 29 Country 29 Country 20 Country 20 Country 20 Country 21 Country 21 Country 22 Country 25 Country 26 Country 27 Country 28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 4. FEI Number 65-0563637 Not Applied For Not Applied For Not Applied For Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State City & State City & State 6. Election Campaign Financing For Added to Fees Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No 9. Name and Address of Current Registered Agent
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 3. Mailing Address 4. FEI Number 65-0563637 Not Applicat 65-0563637 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State City & S
21 26 65-0563637 Not Applicate Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Required Fee Required City & State City & State 6. Election Campaign Financing Fee Required Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Suite, Apt. #, etc. 22 5. Certificate of Status Desired Fee Required City & State City & Stat
22 27 Fee Required
City & State Trust Fund Contribution Added to Fees Added to Fees Added to Fees Added to Fees Trust Fund Contribution Added to Fees To Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. Yes No To Name and Address of New Registered Agent
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Properly Tax due June 30. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
24 25 29 30 Personal Properly Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
04 11
CULEMAN, KAHEN
9231 NW 45TH ST SUNRISE FL 33351 82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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, typod or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE Change Addition
NAME O'SULLIVAN, BRIAN P 1.2 NAME
STREET ADDRESS 1401 SE 8TH ST 1.3 STREET ADDRESS
CITY-ST-ZIP DEERFIELD BEACH FL 33441 14 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME 2.2 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP
TITLE Change Additi
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE DELETE 51TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS . 5.3 STREET ADDRESS .
CITY-ST-ZIP
TITLE DELETE 0.1 TITLE Change Addition

14. Thereby certify that the information supplied with this filling 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 perporation 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 or an attachmen with an address.

PRIAN P. O'SULLIVAN