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

1. Corporation	E CORPORATION	10060268 (7)			INI BANKA IKANA ANIALI IANI IAAN
		·····			
'	ee of Business	Mailing Address			
1730 W HILLSBORO BLVD DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442				DO NOT WRITE IN THIS	POMOE
				3. Date Incorporated or Qualified	SPACE
				08/12/1994	
h'	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0510708	Not Applicable
22		27 Solie, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the cu	
24	25	[29]	30		Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent
BOBROW, MICHELE L					
1730 W HILLSBORO BLVD DEERFIELD BEACH FL 33442			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	CHIECO DENOTITE OUTTE		83		
			B4 City	- 1	85 Zip Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the			on the above pared pare	FL	
office or r agent. I a	registered agent, or both, in the Sta im familiar with, and accept the obl	to of Florida, Such change was a	authorized by the cornerat	poranion submits this statement for the purpose t lion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered a		Registered Agent signature requir		
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	PD Bobson, Michele	□ DELFTE	1.1 TITLE		Change Addition
STREET ADDRESS	7492 NW 51 ST CT		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL		1.4 CITY-ST-ZIP		
TITLE		☐ DFLETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	,	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		·	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 TITLE		DELETE	3.4 CITY-ST-ZIP 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-S1-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP	•	

14. Thereby cortify 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.

FILED

Apr 14 1998 8:00am

Secretary of State