## 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 #** 

P94000064612 (2)

FILED
May 19 1998 8:00am
Secretary of State

SALLY	B. CORP.				
Principal Place	e of Business	Mailing Address	***	T ANGUADON DEM TANGS MENTA MANY MANY MANY MANY MANY MANY MANY	) Maria Mamain miana 14816 (401 1401)
3147 N.E. 9TH ST FT. LAUDERDALE FL 33308 US		3147 N.E. 9TH ST FT. LAUDERDALE FL 33308 US		DO NOT WRITE IN THIS SPACE	
·				3. Date Incorporated or Qualified 08/30/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0520460	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 & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	<ol><li>This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	Yes No
	9. Name and Address of Cur		1	10. Name and Address of New Registers	
BL	ACKE, LAWRENCE E		81 Name		
	00 NE 34 STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33308			reas (i .o. box Humber is not Acceptable)	•
			83		
			84 City		<b>85</b> Zip Code
				£	L S Zip Cools
11. Pursuant t	to the provisions of Sections 607 (	0502 and 607.1508. Florida Statul	es, the above-named corr		
agent. I ar SIGNATURE	m familiar with, and accept the ob	oligations of Section 607.0505, Flo	orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I ar SIGNATURE	m familiar with, and accept the ob-	oligations of Section 607,0505, Flo	orida Statutes.  E Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered
agent. I ar SIGNATURE	m familiar with, and accept the ob-	oligations of Section 607.0505, Flo	orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
agent. I ar SIGNATURE	m familiar with, and accept the ob- Signature typictor project come of registered OFFICERS	oligations of Section 607,0505, Fig.  3 agreed and facilit applicable (NOTE AND DIRECTORS)	orida Statutes.  E Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered f E AND DIRECTORS IN 12
agent. I at SIGNATURE	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Digations of, Section 607,0505, Fig. 3 agreed and the of applicable (NOB AND DIRE CTORS)	orida Statutes.  E Registered Agent signalure requi  13.  1.1 TILE	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  E  ND DIRECTORS IN 12
agent. I at SIGNATURE  12. TITLE NAME	m familiar with, and accept the eli-  Signature lymist or probed failine of registered  OF ICERS /  PSTD  OLIVER, SALLY	Digations of Section 607,0505, Fig. 3 agreed and the of Hypercarder (NOTA AND DIRECTORS DELETE	E Registred Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered f E AND DIRECTORS IN 12
Agent. I at SIGNATURE  12. TILLE NAME STREET ADDRESS	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Digations of, Section 607,0505, Fig. 3 agreed and the of applicable (NOB AND DIRE CTORS)	E Registred Agent signature requited 13.  1.1 THLE 1.2 NAME 1.3 STREET ADDRESS	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered f E AND DIRECTORS IN 12
agent. I at SIGNATURE  12. TILLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Digations of Section 607,0505, Fig. 3 agreed and the of Hypercarder (NOTA AND DIRECTORS DELETE	E Registred Agent signalure requi  13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  L  L  L  Change  Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Digations of Section 607,0505, Fig. 3 agreed and the of Hypercarder (NOTA AND DIRECTORS DELETE	E Registred Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  KND DIRECTORS IN 12  Change Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bigations of, Section 607,0505, Fig. 5 agreed and the of applicable. (NOTAND DIFFE CTORS DELETE	E Registered Agent signature requited.  13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  AND DIRECTORS IN 12  Change Addition  Change Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Digations of Section 607,0505, Fig. 3 agreed and the of Hypercarder (NOTA AND DIRECTORS DELETE	E Registried Agent signature required.  13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 THLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THLE	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  KND DIRECTORS IN 12  Change Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bigations of, Section 607,0505, Fig. 5 agreed and the of applicable. (NOTAND DIFFE CTORS DELETE	E Registred Agent signature required  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  AND DIRECTORS IN 12  Change Addition  Change Addition
AGENTURE  SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bigations of, Section 607,0505, Fig. 5 agreed and the of applicable. (NOTAND DIFFE CTORS DELETE	F Registered Agent signature requit  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  AND DIRECTORS IN 12  Change Addition  Change Addition
AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTINUE STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bellete  Bellete	E Registried Agent signature requit  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  E  ND DIRECTORS IN 12  Change Addition  Change Addition
AGENTURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bigations of, Section 607,0505, Fig. 5 agreed and the of applicable. (NOTAND DIFFE CTORS DELETE	E Registred Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  AND DIRECTORS IN 12  Change Addition  Change Addition
AGENT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTINUE STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bellete  Bellete	E Registried Agent signature requit  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  E  ND DIRECTORS IN 12  Change Addition  Change Addition
AGENT. 1 AIR SIGNATURE  12. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bellete  Bellete	E Registred Agent signature required.  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  E  ND DIRECTORS IN 12  Change Addition  Change Addition
AGENT. I AIR SIGNATURE  12. TIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Bellete  Bellete	Title  1.3 STREET ADDRESS  1.4 CITY- ST- ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY- ST- ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  4.4 CITY- ST- ZIP  4.1 TITLE  4.2 NAME	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  E  ND DIRECTORS IN 12  Change Addition  Change Addition
AGENT. 1 AIR SIGNATURE  12. TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Beleffe  DELETE  DELETE	Title  1.3 STREET ADDRESS  1.4 CITY- ST- ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY- ST- ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  4.4 CITY- ST- ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY- ST- ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  LEVIND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition
AGENT. 1 AIR SIGNATURE  12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Beleffe  DELETE  DELETE	Title  13.  1.1 THLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY- ST- ZIP  2.1 THLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY- ST- ZIP  3.1 THLE  3.2 NAME  3.3 STREET ADDRESS  4.1 CITY- ST- ZIP  4.1 THLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY- ST- ZIP  4.1 THLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY- ST- ZIP  5.1 THLE	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  LEVIND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition
AGENT. 1 AIR SIGNATURE  12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	B DELETE  DELETE  DELETE	Title  1.3 STREET ADDRESS  1.4 CITY- ST- ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY- ST- ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  4.4 CITY- ST- ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY- ST- ZIP  4.1 TITLE  5.2 NAME  4.5 STREET ADDRESS  5.4 CITY- ST- ZIP  6.1 TITLE  5.2 NAME	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  LEVIND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition
AGENT. 1 AIR SIGNATURE  12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	Beleffe  DELETE  DELETE	TIGAL STATUTES.  E Registered Agent signature requit  13.  1.1 THE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 THE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 THE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  LEVIND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Addition
AGONTURE  SIGNATURE  12.  TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	B DELETE  DELETE  DELETE	Title  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  6.4 CITY-ST-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
AGENT. 1 AIR SIGNATURE  12. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the of:  Signature typict or provide failing of registered  OFFICERS.  PSTD  OLIVER, SALLY  3147 NE 9 STREET	B DELETE  DELETE  DELETE	TIGAL STATUTES.  E Registered Agent signature requit  13.  1.1 THE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 THE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 THE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  6.1 TITLE	poration submits this statement for the purposition's board of directors. I hereby accept the a red when reinstating)  DAT	e of changing its registered appointment as registered  AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition

14. Thereby 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 frustee 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 for on an attachment with an address.

CICALATURE.

Andrew Do

4-30-98

565.9449