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 # P9400065837 (4)

<u>-</u> -	D TRADE SHOWCASE, IN	IC.						
	ce of Business	Mailing Address					19: 10/24 11::-	
	olas blvd suite 100 Dale Fl 33301		200 e las olas blvd suite 100 Ft lauderdale Fl. 33301					
ri Daubeni	DALE FL 33301	FF LAUDERUALE FL	33301		DO NOT WRITE	E IN THIS SPA	ACE	
					3. Date incorporated or Qualified			
2 5	Place of Business	2a. Mailing Address	·		09/06/1994 4. FEI Number			a Property
2. Principai i 21	Place of Business	26. Mailing Address			65-0533340			olied For Applicable
Suite, Apt	t. #, étc.	Suite, Apl. #, etc.					\$8.75 A	
22		27			5. Certificate of Status Desired		Fee Rec	
City & Sta	ate	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 a Added to	
Zip 24	Country 25	Zip 29]	Country 30	<i>t</i>	This corporation owes or has personal Property Tax due June			ingible No
	g. Name and Address of Cur		T		10. Name and Address of New Re	gistered Ag	ent	
	RANKEL, FRED		81	Name				
	DO E LAS OLAS BLVD SUITE 10	00	82 Street Ad		ess (P.O. Box Number is Not Accepta	ble)		
FT	FLAUDERDALE FL 33301		100					
			83)				
			84	City		FL	85 Zip C	ode
11. Pursuani	t to the provisions of Sections 607.	0502 and 607.1508. Florida S	tatules, the abov	e-named corp	oration submits this statement for the jon's board of directors. I hereby acce		nanging its	registered
agent. I SIGNATURE		bligations of, Section 607.0505	5, Florida Statute	8.				
	Signature, typed or printed name of registeres		(NOTL Registered Ag	ent signature require	ed when reinstating)	DATE		
12.	Signature typed or purified name of registeres OFFICERS	AND DIRECTORS	13.	enl signature require		DATE CERS AND D	IRECTORS	S IN 12
TITLE	Signature typed or panted name of registers OFFICERS		13. 11 TITLE	enl egnature require	ed when reinstating)	DATE CERS AND D		
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SIGNATURE:

STREET ADDRESS

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 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 amplitude 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 amplitude 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 amplitude that the information indicated in Section 119.07(3)(i).

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

FILED

Mar 09 1998 8:00am

Secretary of State