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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

	MENT # P9400 L VENTURES GROUP, INC		(5)			2884 8834 8822 2822 2831 3831
Principal Place of Business Mailing Address					I INDINODI ITE IRIII BEAR DANK ADIKI ABIIF ADIII	IRDYI BAYII GELID IJALI 1804 1881
4611 S. UNIVERSITY DRIVE 4611 S. UNIVERSITY DRIVE					!	
SUITE 405 SUITE 405						
FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 333			FL 33328		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Addre	88		09/22/1994 4. FEI Number	Applied For
<del></del>		26	<b></b>		65-0557090	Not Applicable
Suite, Apt.	₩, elc.		Suite, Apt. #, etc.			CO 75 A-4-10
27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Žip	Country	<b>Z</b> ip	Country	<i>'</i>	6. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes X No
	9, Name and Address of Curre	ont negistered Agent	81	Name	7	en Agent
	rnard, Brian L I 1 S. University Drive		<u>[</u>		Gernand, Sna La dress (P.O. Box, Number is Not Acceptable)	
FT.	TE 405 LAUDERDALE FL 33328  to the provisions of Sections 607.05 egistered agent, or both, in the Six of familiary with and accept the obline	02 and 607 1508, Florida e of Florida. Such chang nations of Section 6020	83 84 a Statules, the above was authorized b 505. Florida Statute	` '	Holly Wood reporation's board of directors. I hereby accept the	85 Zin Code 33020 e of changing its registered appointment as registered
SIGNATURE	15/1/5	cell.	President		9	1/2/10
	Signature, typed or printed name of tegisterest a		(NOTE Registered Ag	ent signature requ	uired when reinstating) DAT	€ / · · · · · · · · · · · · · · · · · ·
TITLE	OFFICERS AI	ND DIRECTORS	13. ETE 1.1 TiTLE	I	ADDITIONS/CHANGES TO OFFICERS.	Change AAddition
NAME	BERNARD, BRIAN L		1.2 NAME		tuila Bernard	C change Arrabation
STREET ADDRESS	AAAA A ARMEDON'I DONE ALEE			ADORESS 3	640 Pive 55, #2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33328		14 CITY-5		dollywood, FL 33020	
TITLE		DEL			7-C 33820	Change Addition
NAME			2.2 NAME	1		Ť
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY -			
TITLE		☐ DEL				Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-21P		
TITLE	,	□ DEL	ETE 4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	T-ZIP		
TITLE		DEL		- 1		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ſ		*
CITY-ST-ZIP			5.4 CITY-5	T-ZIP		
TITLE		☐ D£L	4			Change Addition
NAME			6.2 NAME			}
STREET ADDRESS			6.3 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 poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

**FILED** 

May 08 1998 8:00am

Secretary of State

954-7142445