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 # P9400070366 (7)

WENDY A. SEIDLIN, P.A.

Principal Place	o of Business	Mailing Addr	0 s s				
8701 GATEHO PLANTATION	USE RD	8701 GATEH	8701 GATEHOUSE RD PLANTATION FL 33324			DO NOT WRITE IN THIS S	SPACE
						3. Date incorporated or Qualified 09/23/1994	
2. Principal Pi	ace of Business	2a. Mailing A	2a. Mailing Address 26			4. FEI Number 65-0529218	Applied For Not Applicable
Suite, Apt	W, etc	Suite, Apt	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State)	City & Sta	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	30	Country	,		Yes No
	9. Name and Address of Cu	rrent Registered Age	nt		·	10. Name and Address of New Registered /	igent
SEI	DLIN, WENDY A ESQ			81	Name		
8701 GATEHOUSE RD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				84		FL	85 Zip Code
office or re	to the provisions of Sections 607 egistered agent, or both, in the s m familiar with, and accept the c	State of Florida, Such cl	nange was author	orized by	the corpor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registered ointment as registered
SIGNATURE	Stgnature: typod or proted name of register	ed agent and title it approable	(NOTE: Rog	gistered Age	ant signatura rec	quired when reinstating) DATE	
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE			Change Addition
NAME	SEIDLIN, WENDY A			1.2 NAME			
STREET ADDRESS	PO BOX 19255 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	Y-ST-ZIP PLANTATION FL 33318-0255			1.4 CITY-ST-ZIP			
TITLE	VST		DELETE	2.1 TITLE			Change Addition
NAME]	SEIDLIN, WENDY A		1	2.2 NAME]		
STREET ADDRESS	PO BOX 19255 N/A			2.3 STREET	ADDRESS	,	
1	DI ANTATION EL 92240 O	DEE			[(· · · · · · · · · · · · · · · · · · ·	

CITY-ST-ZIP 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 trusted 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, over an attachment with an address.

3.2 NAME 3 3 STREFT ADDRESS

4.1 TETLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

Change

Change

Change

FILED

Feb 12 1998 8:00am

Secretary of State

■ Addition

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Addition

Addition