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

FILED May 06 1998 8:00am Secretary of State

DOCUI	MENT Name	# P9400	007354	5 (3)							
,		ERTIES GROUP,		• •							
Principal Place	of Business	S	Mailing Addr	Mailing Address				-\	POU IILUI URIKA DIR	OT OUR TOOK	
1310 S.W. 121		:		1310 S.W. 127TH TERRACE DAVIE FL 33325							
DAVIE FL 333	Z5		DAVIE PL 33					DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified			
								10/06/1994			
2. Principal Pi	ace of Busin	088	2a. Mailing Ad	2a. Mailing Address				4. FEI Number	Ar	plied For	
21			26	Suite, Apt. #, etc.				65-0532319		t Applicable	
Suite, Apt.	#, elc.		 	Suite, Apr. #. etc.				5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State				City & State				6. Election Campaign Financing	\$5.00		
23			28	28				Trust Fund Contribution Added to Fees			
Zip		Country	Zip		Count	ry		8. This corporation owes or has paid the c	urrent year Int	angible	
24	25 29							Personal Property Tax due June 30.			
		and Address of Curre	nt Registered Ager	nt		1 Nan		10. Name and Address of New Registered	Agent		
	ndino, an' 11 n.w. 171)*	Nan Nan	ie				
		8	82 Street Address (P.O. Box Number is Not Acceptable)								
SUITE 305 FT LAUDERDALE FL 33309						3					
Fi	UNUUENUA	LE PL 33309			L			·			
					8	4 City		F	85 Zip (Code	
11. Pursuant I	to the provisi	ions of Sections 607.050	02 and 607.1508, FI	lorida Statut	es, the abo	ve-nam	ed corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap		s registered	
office or re agent. I as	egistered ag m familiar wi	ent, or both, in the State th, and accept the oblig	∍of Florida. Such ch jations of, Section 6	hange was a 807.0505, Fil	authorized orida Statul	by the c les.	orporati	on's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE											
	Signature, typied	or printed name of registerist age		TON		lgant eigne	turo require	d when reinstating) DATE			
12.	DPS	OFFICERS AN	ID DIRECTORS	DELETE	13. 1,1 T(T)			ADDITIONS/CHANGES TO OFFICERS AN	OD DIRECTOR	Addition	
NAME		Y, HARRY B JR.				1.2 NAME			☐ blidingo		
STREET ADDRESS 1310 S.W. 127 TERR.				1.3 STREE			is				
CITY-SI-ZIP	DAVIE F					-ST-ZIP	~			ľ	
TITLE		:		DELETE	2.1 1171.1				☐ Change	Addition	
NAME					2.2 NAM	E				i	
STREET ADDRESS					2.3 STRE	ET ADDRES	is				
CITY-ST-ZIP						/- ST - ZIP					
TITLE			L] DELETE	3 1 TITL		1		Change	☐ Addition	
NAME					3.2 NAM		_				
STREET ADDRESS						ET ADDRES	is				
CITY-ST-ZIP TITLE				DELETE	4.1 TITLE	r-ST-ZIP	+		Change	Addition	
NAME					4. 2 NAN	-	ŀ				
STREET ADDRESS						et addres	s			}	
CITY-ST-ZIP						-ST-ZIP					
TITLE	DELETE			5.1 TITLE			Change	Addition			
NAME					5.2 NAM	E					
STREET ADDRESS					5.3 STRE	ET ADDRES	is				
CITY-ST-ZIP				1		-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE			[]	DELETE	6.1 TITLI		1		Change	☐ Addition]	
NAME					6.2 NAM						
STREET ADDRESS						ET ADDRES	S				
CITY-ST-ZIP	artify that the	o information curvoland w	with this filing dogs	not qualify t		-ST-ZIP	ated in 9	Section 119.07(3)(i). Florida Statutes, I further	acretify that the	information	

I nereby 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 informatio 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.

GNATURE:

GNATURE: