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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 26 1998 8:00am

l	JAL REPORT 1998	Secretary DIVISION OF C		Secretary	of State
	MENT # P9400	0079232 (2)			
Principal Place of Business Mailing Address				- I SERVINAL TIR TANIS REGI ABUN RAVIN RATIN ABUN IN	/8/10 (0/(10 1/9/6/Q 1/)/(IP P/00) 19/01
1401 S.W. 69TH AVENUE 1401 S.W. 69TH AVENUE			,		
PLANTATION FL \$3317 PLANTATION FL 33317				DO NOT WRITE IN THIS	S SPACE
				3, Date Incorporated or Qualified 10/27/1994	
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		65-0547117	Not Applicable \$8.75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<b>⊢</b> ' <b>⊢</b>	30	<ol> <li>This corporation owes or has paid the corporate Personal Property Tax due June 30.</li> </ol>	current year Intangible
	9. Name and Address of Curre			10. Name and Address of New Registere	
DE	an, Kenneth a		81 Name		
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33317			83		
			64 City	F	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au	uthorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the purpose accept the appropriate the purpose accept the appropriate the purpose accept the pu	of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if applicable (NOTE	Regislered Agent signature requ	ired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P TOUR !	DELETE	1.1 TITLE		Change Addition
NAME OTDEET ADDRESS	DEAN, TRUDI J 1401 SW 69TH AVE		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	PLANTATION FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE	\$T	☐ DELETE	2.1 TITLE		Change Addition
NAME	DEAN, KENNETH		2.2 NAME		
STREET ADDRESS	1401 SW 69TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	<u></u>	Change Addition
title Name		רין מנדניור	3.2 NAME		change Aun(tit)
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 C(TY - ST - Z(P 5.1 T)TLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5.3 STREE1 ADDRESS		
CITY-ST-ZIP		Toriem	5.4 CITY - ST - ZIP		Change Ladder
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME Street Address			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	certify that the information supplied w	ith 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 an attachment with an address.					