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 # P94000079735 (4)

FILED Apr 27 1998 8:00am Secretary of State

JAMES	STEINO	MEI	ALIZING, INC.											
Principal Plac	e of Busine	SS		Mai	ling Address					- 1 18011801 (10 3011 0151 0011 0011 0011 0011 0011 00			H CRI IOO	
2455 E SUNI	55 E SUNRISE BLVC	E SUNRISE BLVD.				<u></u>								
					UITE 502 ORT LAUDERDALE FL 33304					DO NOT WRITE IN THIS SPACE				
										3. Date Incorporated or Qualified				
2. Principal Place of Business 2a. Mailing Address										10/31/1994 4. FEI Number	т-	I Am	allast Cas	
21				26						65-0532295	Applied For Not Applicable			
	Suite, Apt. #, etc.				Suite, Apt #, etc.				\neg		¢0.75 A.J.			
22				27						Certificate of Status Desired			quired	
City & State				City & State						6. Election Campaign Financing			May Be	
Zip	Country			28	Zip Country					Trust Fund Contribution			Fees	
24		25			29 30					 This corporation owes or has paid the of Personal Property Tax due June 30. 	Yes	_	ngibie No	
	g, Name	and A	Address of Curren		red Agent		T			10. Name and Address of New Registers		_=		
SC	HNITZER,	GERA	LD S		,		81	Name						
2455 E SUNRISE BLVD.							82	Street A	ddres	ss (P.O. Box Number is Not Acceptable)				
	JITE 502	20041	F FL 00004				83			· · · · · · · · · · · · · · · · · · ·				
FU	MI LAUUT	:HUAL	E FL 33304				3							
							84	City		. F	85	Zip C	ode	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida, Such change was auth agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida 								named or the corpo	corpor oration			ng its t as r	registered egistered	
SIGNATURE														
10	Signature, types	or printe	of name of registered age		<u> </u>			nt signature r	aquired	when reinstating) DATE		-0-0		
12. TITLE	VP		OFFICERS AND	DIMECI	DELETE	13	TITLE	т		ADDITIONS/CHANGES TO OFFICERS A	OD DIREC		Addition	
NAME	SCHNI	TZER.	GERALD S		<u></u>		NAME	1				.go	7,00,000	
STREET ADDRESS	2455 E	SUNI	RISE BLVD. STE	500			1.3 STREET ADDRESS						}	
CITY-ST-ZIP		AUDE	RDALE FL			1.4	CITY-S	T-ZIP						
TITLE	PD				☐ DELETE	2.1	TITLE				☐ Chan	nge	Addition	
NAME	TETRO,					2.2	NAME							
STREET ADDRESS			RISE BLVD			2.3	STREET	ADDRESS						
CITY-ST-ZIP	FT LAU	DEHU	ALE FL				CITY-S	T-ZIP		7.7.1				
TITLE					☐ DELETE		TITLE				∐ Chan	ige	☐ Addition	
NAME							NAME							
STREET ADORESS CITY-ST-ZIP								ADDRESS						
TITLE					☐ DELETÉ		CITY-S FITLE	1-2IP			☐ Chan	ine	Addition	
NAME					—		NAME							
STREET ADDRESS						ł		ADDRESS						
CITY-ST-ZIP						4.4 (CITY - ST	r-ZIP						
TITLE					☐ DELETE		TITLE				☐ Chan	ge	☐ Addition	
NAME						521	NAME							
STREET ADDRESS						5.3	STREET	ADDRESS					1	
CITY - ST - ZIP						5.41	CITY-SI	-21P						
TITLE					☐ DELETE		TITLE				☐ Chan	ge	☐ Addition	
NAME							MAME	ŀ						
STREET ADDRESS								ADDRESS						
CITY-ST-ZIP						6.4 (CITY - ST	-ZIP						

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 arrival 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 attention with an address.

SIGNATURE:

954-680 8276