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 # P9400084142 (6)

FILED Mar 17 1998 8:00am Secretary of State

		AT CYPRESS LA								
Principal Place of Business Mailing Address								-{		
					ıc					
3440 S.W. 117TH AVENUE 3440 S.W. 117TH AVENUE DAVIE FL 33330 DAVIE FL 33330					·C					
			• • • • • • • • • • • • • • • • • • • •					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 11/14/1994		
2. Principal P	Place of Busin	ness	2a. Mai	2a. Mailing Address					lied For	
21			26	26				65-0538667 Not	Applicable	
Suite, Apt.	#, et c.		Suit	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Ad		
22			27					Fee Red	uired	
City & Stat	te			City & State				6. Election Campaign Financing \$5.00 k		
23		Cot		Zip Country				Trust Fund Contribution Added to Fees		
Zip	Country		Zip)		Country 30		8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Curren			29 3		301		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
CI.	IILEN, GER			- Agom		81	Name	10, Hallie alta Madiose of How Hogistored Figure		
		7TH AVENUE			L					
	VIE FL 333					82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)		
<i>U</i> A	WILL I L 000	30								
					83					
					[-	84	City	FL 85 Zip Co	ode	
11. Pursuant office or r agent. I a	to the provis registered ag am familiar wi	ions of Sections 607.05 gent, or both, in the Stati ith, and accept the oblig	02 and 607.15 e of Florida. St gations of, Sec	08, Florida Statut uch change was stion 607.0505, Fl	es, the ab authorized orida Statu	ove by ites	-named corporation	oration submits this statement for the purpose of changing its on's board of directors. I hereby accept the appointment as re	registered egistered	
SIGNATURE	Classian based	or printed name of registered ag	cont and Itle if appli	anhia AIOI	E. Degislared	Acor	nt signal un san dro	od when reinstating) DATE		
12.	Signatore, typed		ND DIRECTOR		13.	Ages	III RIBIISIDIS ISQUIS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12	
TITLE	PS □ DELETE				1.1 TITLE			☐ Change	Addition	
NAME	\$MILEN, GERALD SR.				1.2 NAME			_		
STREET ADDRESS	3440 S.1	W. 117TH AVENUE				1.3 STREET ADDRESS				
ÇITY-ST-ZIP	DAVIE F	L 33330					r-zie			
TITLE				DELETE	2.1 TITL			Change	Addition	
NAME	}				22 NAN	ΛE			ŀ	
STREET ADDRESS					23 STR	EET #	ADDRESS			
CITY-ST-ZIP							T- Z IP			
TITLE				DELETE	3.1 TITL	.E		☐ Change	☐ Addition	
NAME					3.2 NAME]	
STREET ADDRESS					3.3 STR	EET A	address			
CITY-ST-ZIP					3.4. CIT	Y-S1	T - ZIP			
TITLE				DELETE	4.1 TITL	.E		Change	Addition	
NAME					4. 2 NA	ME				
STREET ADDRESS	l l				4.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , 				4.4 CITY	r-ST	- ZIP			
TITLE				☐ DELETE	5.1 TITL		,	☐ Change	Addition	
NAME					5.2 NAM					
STREET ADDRESS					5.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	<u> </u>			T of the	5.4 CITY		- ŽIP	F 4.	1 1 1 2 2 2 2	
TITLE				DELETE	6.1 TITL			Change	Addition	
NAME					6.2 NAM		Ĭ			
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	and the state	a information numbical	ith this filing a	loop not qualify fo	6.4 CITY			Section 119 07/3\for Elorida Statutes I further certify that the in	formation	

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

CICNATURE.

3/10/98 1954)999.3330