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**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

## **FILED** Apr 27 1998 8:00am Secretary of State

|  | SUNSTATE DOCTORS CENTER, I   | 90 - 00 FARE OF A. FORLESALES               | ling Address  |   |  |  |                        |   |                                      |  |
|--|--|---|---|---|--|--|------------------------|---|--------------------------------------|--|
| 3529 N. PINE ISLAND ROAD<br>SUNRISE FL 33351   |  | 352   | 3529 N. PINE ISLAND ROAD<br>SUNRISE FL 33351  |   |  | DO N   | OT WOME                | IN THIS S                               | D4.0F                                |  |
|  |  |   |   |   |  | 3. Date Incorporated or  | OT WRITE               | IN THIS S                               | PACE                                 |  |
|  |  |   |   |   |  | 12/15/1994   | Guainieu               |   |                                      |  |
| <b>2</b> , F   | Principal Place of Business  | 2a. N                                       | Mailing Address   |   |  | 4. FEI Number  |                        | • | IA                                   | pplied For                                   |
| 21   |  | 26  |   |   |  | 65-0541950   |                        |   |                                      | ot Applicable                                |
| 22   | Suite, Apt. #, etc.  | 1   | Suite, Apt. #, etc.   |   |  | 5. Certificate of Status D   | esired                 |   |                                      | Additional equired                           |
|  | City & State   | [27]  | City & State  |   | <del></del>  | 6 Flaction Compaign Fin  |                        |   |                                      | •  |
| 23   |  | 28  | ,   |   |  | 6. Election Campaign Fir<br>Trust Fund Contribution                    | -                      |   |                                      | May Be<br>to Fees                            |
|  | Zip Country  |   | ?ip   | Cou   | ntry   | 8. This corporation owes   |                        | d the curre                             |                                      |  |
| 24   | 25   | 29  |   | 30  |  | Personal Property Tax  |                        | _                                       |                                      | □Ño  |
|  | 9. Name and Address of Curre   | nt Registe                                  | red Agent   |   | nal -  | 10. Name and Address of  | f New Reg              | gistered A                              | gent                                 |  |
|  | SWILLING, DAWN P   |   |   | ļ   | 81 Name  |  |                        |   |                                      |  |
|  | 3529 N. PINE ISLAND ROAD<br>SUNRISE FL 33351   |   |   |   | 82 Street Ac   | ldress (P.O. Box Number is Not   | Acceptab               | le)                                     |                                      |  |
|  | SUITINGE FL 33331  |   |   | }   | 83   |  |                        |   |                                      |  |
|  |  |   |   |   |  |  |                        |   | .,                                   |  |
|  |  |   |   |   | 84 City  |  |                        | FL                                      | <b>85</b> Zip                        | Code   |
|  |  |   |   |   | 1  |  |                        |   |                                      |  |
| 11.  | Pursuant to the provisions of Sections 607.050 office or registered agent, or hoth, in the State agent. I am familiar with, and accept the oblig   | 02 and 607<br>o of Florida<br>gations of, S | 7.1508, Florida <b>Stat</b> u<br>i. Such change was<br>Section 607. <b>0505</b> , F | ules, the ab<br>authorized<br>lorida Stati  | pove-named co<br>if by the corporates.   | orporation submits this statemer<br>ration's board of directors. I her | nt for the preby accep | urpose of our the appo                  | changing i<br>intment as             | ts registered<br>registered                  |
|  | NATURE   |   |   |   |  |  | nt for the preby accep |   | changing i<br>intment as             | ts registered<br>registered                  |
| SIGI   |  | ent and title if a                          | apple able (NO  |   |  | quired when reinstating)   |                        | DATE                                    |                                      |  |
| SIGI<br>12,  | NATURE Signature: typed or printed name of roge for disj.  Of FICERS AN  | ent and title if a                          | apple able (NO  | TL: Registered  | Agent signature res  |  |                        | DATE<br>ERS AND                         |                                      | RS IN 12                                     |
|  | NATURE Signature: typied or printed nature of regir for disa.  OF FICERS AN  SWILLING, DAWN P  | eid acetille il c<br>40 DIRECT              | apple able (NO<br>ORS   | TE: Registered  | Agent signature res  | quired when reinstating)   |                        | DATE<br>ERS AND                         | DIRECTO                              | RS IN 12                                     |
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| 12.<br>TITLE<br>NAME<br>STREE  | NATURE Signature: typied or printed humie of register of a a just the standard of the standard | eid acetille il c<br>40 DIRECT              | orpis abie (NO<br>ORS DELETE  | 13.<br>1.1 III<br>1.2 NA<br>1.3 SII<br>1.4 CII  | LE ME REET ADDRESS IY-S1-ZIP   | quired when reinstating)   |                        | DATE<br>ERS AND                         | DIRECTOI Change                      | RS IN 12                                     |
| 12. TITLE NAME STREE CITY-   | NATURE Signature: typied or printed name of register of a justice of a | eid acetille il c<br>40 DIRECT              | apple able (NO<br>ORS   | 13.<br>1.1 IIT<br>1.2 NA<br>1.3 STI<br>1.4 CIT<br>2.3 IIIT  | LAgent signature res   | quired when reinstating)   |                        | DATE<br>ERS AND                         | DIRECTO                              | RS IN 12                                     |
| 12. TITLE NAME STREE CITY- TITLE NAME  | NATURE Signature: typied or printed name of rogic for d.s., Of FICERS AN  SWILLING, DAWN P  \$529 N. PINE ISLAND ROAD  ST-ZIP SUNRISE FL 33351   | eid acetille il c<br>40 DIRECT              | orpis abie (NO<br>ORS DELETE  | 13.<br>1.1 TIT<br>1.2 NA<br>1.3 STI<br>1.4 CIT<br>2.1 TIT<br>2.2 NA   | LAgent signature res  LE  ME  REET ADDRESS  (Y+ST-ZIP  LE  ME  | quired when reinstating)   |                        | DATE<br>ERS AND                         | DIRECTOI Change                      | RS IN 12                                     |
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office 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 attrahment with an address.