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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra R Mortham

	ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS				Secretary of State		
DOCU 1. Corporation	MENT # P94000	0094141 (6)					
	ICH GORDON HARGROVE W	/EIHE & JAMES, P.A.					
					T LEADARD AND THAN RISE SCALARAGE RAIN RAIN	1 1 014 1140 1 1164 1164 1164 1166	
Delta a la al Ola	(D - '	h Ballian Addison				# # ##################################	
Principal Place of Business Mailing Address 500 E. BROWARD BLVD. 500 E. BROWARD BLVD.							
SUITE 1000 SUITE 1000							
FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 333			•		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
-					12/28/1994		ĺ
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	二
Suite, Apt.	# #10	Suite, Apt. #, etc.			65-0541803	Not Applica	
22	π, θις.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	1
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be	\neg
Zip	Country	28	Country		Trust Fund Contribution	Added to Fees	-
24	25 29 30				 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 	Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	\exists
	ARGROVE, JOHN R		81	Name			
500 E. BROWARD BLVD. SUITE 1000				Street Ad	dress (P.O. Box Number is Not Acceptable)		\neg
	PRT LAUDERDALE FL 33394		83				\dashv
			84	City		85 Zip Code	
ļ	· · · · · · · · · · · · · · · · · · ·			•	F	L I I	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Stalutes, t If Florida. Such change was autho	he above-r orized by th	named co he corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registere	ed d
j	im familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statutes.			•	
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent	aignature raq	uired when reinstating) DATE		_],
12.	OFFICERS AND	DIRECTORS DELETE	13.		ARE HOLDENS CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change	
NAME	GORDON, RICHARD G		1.2 NAME	- 1	JAMES GORDON III	C) change pc Audit	1011
STREET ADDRESS	500 E. BROWARD BLVD.	J	1.3 STREET AD		500 Ebroward Blud.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	<u></u>	1.4 CITY - ST - 2	ZIP F	T Landerdule FL 333914];
TITLE	ST LIABODOUT LOUIL D		2.1 TITLE			☐ Change ☐ Addit	ion
NAME	HARGROVE, JOHN R 500 E. BROWARD BLVD.	I	2.2 NAME				}
STREET ADDRESS City-St-Zip	FORT LAUDERDALE FL 33394		2.3 STREET AD 2.4 City-St-	1			
TITLE	VP		3.1 TITLE			Change Addit	lion
NAME	HEINRICH, EUGENE L.	'	3.2 NAME				- }
STREET ADDRESS	500 E. Broward Blvd. Fort Lauderdale Fl		3 3 STREET AD	- 1			}
CITY-ST-ZIP TITLE	VP		3.4. CITY-ST-	ZIP		Change Addit	ion
NAME	WEIHE, BRUCE A		4. 2 NAME			C cusude C vanc	1011
STREET ADDRESS	500 E. BROWARD BLVD.]	4.3 STREET AD	DRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		4.4 CITY - ST - 2	ZIP			
TITLE		J.	5.1 TITLE			Change Addit	ion
NAME Street Address			5.2 NAME	OBECC	•	•	
CITY-ST-ZIP			5.3 STREET AD 5.4 City-St-2		•		
TITLE			6.1 TITLE			Change Addit	ion
NAME		1	6.2 NAME				
STREET ADDRESS		[6.3 STREET AD	DRESS			Í
CITY+ST-ZIP		[6.4 CITY-ST-Z	ZIP			- [

14. Thereby 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 eath; that I am an officer or director of the comporation or the threety or trusted 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 or an interest with an address.

PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

954 527-280

FILED

Mar 30 1998 8:00am