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 # P9500003541 (6)

Principal Place 10620 NW 32 SUNRISE FL	e of Business	Mailing Address 10620 NW 32ND ST SUNRISE FL 33351						
l						DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE	
					•	01/12/1995		
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0550983		ot Applicable
Suite, Apt W, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat	<u></u>	City & State				6 Starties Compains Financing		
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.		J No.
	9. Name and Address of Cur	rent Registered Agent		I		10. Name and Address of New Register	ed Agent	
ELIE, SONY J 10620 NW 32ND ST. SUNRISE FL 33351					Name Street Add	Address (P.O. Box Number is Not Acceptable)		
				84	City		85 Zip	Code
SIGNATURE	Signature, lyped or printed name of registered					poration submits this statement for the purposition's board of directors. I hereby accept the		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D SIE CONN.	☐ DELET		1.1 TITLE			Change	Addition
NAME	ELIE, SONY J 10620 NW 32ND ST.			IAME				
STREET ADDRESS	SUNRISE FL 33351			TREET A		. 🙃		
CITY-ST-ZIP TITLE	D	DELETI		HTY-ST-	ZIP	NONE	Change	Addition
NAME	ELIE, REMONDE J	المان	1	IAME	ì		Onunge	Addition
STREET ADDRESS	10620 NW 32ND ST.		1	STREET A	ODRESS			
CITY-SI-ZIP	SUNRISE FL 33351			CITY-SF	1	NONE		
TITLE	DELETE			3.1 TITLE			Change	Addition
NAME			3.2 %	IAME				
STREET ADDRESS			3.3 9	STREET A	DORESS			
CITY-ST-ZIP		T RELEGI	$\overline{}$	CITY-ST	- 21P			
TITLE		☐ DELETI					Change	Addition
NAME CTREET ANDRECE			I -	NAME	DOUBECC			
STREET ADDRESS CITY-ST-ZIP				TREET A				
TITLE	·	DELET			Tit.		Change	Addition
NAME		B-size - FP-W 1	1	LAME				
STREET ADDRESS				TREET A	.DDAESS			
CITY-ST-ZIP				HTY-ST-				
TITLE		DELET					Change	Artrition

64 CITY-S1-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 supplied 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

4/29/98

FILED

May 06 1998 8:00am

Secretary of State

749-4618