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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000011907 (9)

D.A. FELDMAN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
131 NE 40TH COURT STE 205 OAKLAND PARK FL 33334 US	2805 EAST OAKLAND PARK BLVD STE 151 FORT LAUDERDALE FL 33306 US

## **FILED** Jan 20 1998 8:00am Secretary of State

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Suite, Apt.	#, etc.				, Apt. #, etc.						П	\$8.75	Additional	7
22			2	7						5. Certificate of Status Desired		Fee R	equired	_ [
City & Stat	e			City	& State					6. Election Campaign Financing		\$5.00	May Be	7
23			2							Trust Fund Contribution		Added	to Fees	4
Zip	}	Country	)_	Zip Country			•		This corporation owes or has paid the current year intangible				1	
24		25		9]		[30]	<del></del>						No	4
ļ		and Address of		gisterea	Agent	<del></del>	81	Name		10. Name and Address of New R	egistered	Agent		$\dashv$
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1	8 MINORCA						82	Stree	t Addres	s (P.O. Box Number is Not Accepta	(ble)			7
1	COND FLO	•					83							4
) CC	HAL GABLI	ES FL 33134					103							į
 							84	City			FL	85 Zip	Code	7
11. Pursuant	to the provisi	ons of Sections 6	07.0502 and	607.150	08, Florida Statut	es, the a	pove	-name	d corpor	ation submits this statement for the		f changing f	ts registered	7
office or r	egistered age	ent, or both, in the	e State of Flo	orida. Su s at Sect	ch change was ion 607,0505, El	authorize orida Sta	ed by	the co	rporation	ation submits this statement for the n's board of directors. I hereby acce	pt the app	ointment as	registered	-
1	جر	raf Di		, O., OOS				•		•	1/7/	3 S		1
SIGNATURE	Signature, typed	or printed name of regis	tered agent and	title if applic	able. (NOT	E: Registere	d Age	nt signatu	re required	when reinstating)	DATE	16		1
12.		OFFICE	RS AND DIF	RECTORS		13.				ADDITIONS/CHANGES TO OFFI	CERS AND			100
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14. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR