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 # P95000015700 (4)

FILED Mar 25 1998 8:00am Secretary of State

AANO	N NOORIMAN S SON NEAL	11, INC.			S CONTROL HE INTO ENTE ENTE CONTROL FOR FOR FREE STATE CONTROL CONTROL CONTROL	
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Principal Plac	ce of Business	Mailing	Address	"	. saaridat sie strat drift getri getri getri betat siedt eitft fant obtit esti sett	
3725 S. OC			S. OCEAN DR.			
SUITE 1412 HOLLYWOO			E 1412 YWOOD FL 33019		DO NOT NUDITE IN TUIC COACE	
noctivoo.	D 12 03010	nou	14000 LT 22013		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					02/07/1995	
2. Principal F	Place of Business	2a. Ma	iling Address		4. FEI Number Applied For	\dashv
21		26	•		65-0576930 Not Applical	ble
Suite, Apt.	. #, etc.	Sui	te, Apt. #, etc.		SR 75 Additional	-
22		27			5. Certificate of Status Desired Fee Required	- 1
		City	& State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip		Country	8. This corporation owes or has paid the current year Intangible	
24	25 9, Name and Address of Curre	29	3	10	Personal Property Tax due June 30. X Yes No	
		iit negisteret	a Agent	81 Name	10. Name and Address of New Registered Agent	
	EVY, ROBERT D18 HARRISON STREET				JACK ROSENBERG, CPA	
				82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
	UITE 207			B3	4700 SHERIDAN STREET BLOG N	_
, m	OLLYWOOD FL 33020			83		
				84 City	Helly wood FL 85 Zip Code 33021	
dd Diggiont	to the provisions of Castiana 007 Off	20 007 41	CO. Fire de Oraș		Holly wood FL 33021	ᆜ
office or i	registered agent, or both, in the State	of Florida. S	uch change was aut	, the above-hamed co thorized by the corpor	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	ed
agent. La	am familier With, and accept the oblig	ations St Sec	tion 607.0505, Florid	da Statutes.	2.11.00	
SIGNATURE	Signature apped or printed name of registered age	ent and title if appl	Cartie Cilore E		3.11-98	_
12.	OFFICERS AN			Registered Agent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	8		DELETE	1.1 TITLE	Change Additi	ап
NAME	ROCKMAN, WAYNE		_	1.2 NAME		
STREET ADDRESS	3725 S. OCEAN DR., SUITE	1412		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019			1.4 CiTY-ST-ZIP		
TITLE			DELET E	2.1 TITLE	☐ Change ☐ Additi	<u>, </u>
NAME				2.2 NAME		
STREET ADDRESS			:	2.3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		Ì
TITLE			DELETE	3.1 TITLE	☐ Change ☐ Additi	on
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE						
			DELETE	4.1 TITLE	☐ Change ☐ Addition	on
NAME			☐ DELETE		☐ Change ☐ Addition	on
NAME Street address			DELETE	4.1 TITLE	☐ Change ☐ Addite	on
			☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Additi	on
STREET ADDRESS			☐ DELETE	4.1 TITLE 4. 2 NAME	☐ Change ☐ Addition	
STREET ADORESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADORESS CITY-ST-ZIP TITLE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
STREET ADDRESS CITY-ST-ZIP TITLE NAME				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
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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 of the exemption of the ex