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

P95000019981

Principal Place of Business	Mailing Address	
282 SOUTH UNIVERSITY DR. PLANTATION FL 33324	282 SOUTH UNIVERSITY DR. PLANTATION FL 33324	

FILED Feb 25 1998 8:00am Secretary of State



PLANTATION FL 33324				PLANTATION FL 33324				3.	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
									03/09/1995				
2. Principal Place of Business				2a. Mailing Address				4.	I. FEI Number			Applied For	
21				26				Д	65-0568095			Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5.	i, Certificate of Status Desired			Additional Required	
City & State				City & State				-	. Election Campaign Financing		4		
23				28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip		Country	1-21	Zip Country			B	. This corporation owes or has pa					
24	25] .	29		30			Personal Property Tax due June 30. Yes					
9, Name and Address of Current Registered Agent								10.). Name and Address of New Re	gistered	Agent		
GL/	NZ, MAL L			<u> </u>	8	1	Name						
282 SOUTH UNIVERSITY DR. PLANTATION FL 33324						2	Street Address (P.O. Box Number is Not Acceptable)						
					8:	1		•					
					Ĺ								
					8	4	City			FL	85 Zip	Code	
office or re	egistered agont	t, or both, in the State	e of Floria	07.1508, Florida Stat ut la. Such change was i Section 607.050 5, Flo	authorized t	γC	the corporat	poratio tion's b	on submits this statement for the p board of directors. I hereby accep	urpose of	f changing cointment a	Its registered is registered	
SIGNATURE													
	Signature, typed or p	rinted name of registered ag OFFICERS AN				gen	nt signature requir		en reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	DIDECTO	DO 11.40	
12.	D	OFFICERS AN	ID DIREC	DELETE	13. 1.1 TITLE				ADDITIONS/CHANGES TO OFFIC	ERS ANL	Change		
NAME	TAMARO, J	IOHN		ריי סניננונ	1.2 NAME		- 1				L. Criange	C Nagurou	
		1 UNIVERSITY DR.											
STREET ADDRESS		N FL 33324			1.3 STREI								
CITY-ST-ZIP TITLE	I DANTANO	1116 00064		DELETE	1.4 CITY - 2.1 TITLE		- ZIP				Change	Addition	
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NAME							1000000						
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NAME				_ ,	5.2 NAME						\		
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NAME CEDEST ADORESS							ADDRESS						
STREET ADDRESS					6.3 STREE								
CITY-ST-ZIP					6.4 CITY-	১।	- 2117						

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 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, option an attachment with an address.

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