## 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 # P95000024441 (4)

21ST CENTURY GROUP ENTERPRISES, INC.

## FILED Apr 28 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                                                                                                 |                                                          |                            | F HODINOUT ALE LUICH BINN BONN BUNN FOND FOND LICH FIEN BRUDN NON 1981 |                                                                                                                  |                                |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 5240 N.W. 167TH STREET 5240 N.W. 167TH STREET |                                                                                                 |                                                          |                            |                                                                        |                                                                                                                  |                                |
| MIAMI FL 330                                  |                                                                                                 | MIAMI FL 33014                                           |                            |                                                                        | DO NOT WRITE IN THIS SPACE                                                                                       |                                |
|                                               |                                                                                                 |                                                          |                            |                                                                        | 3. Date Incorporated or Qualified                                                                                | IIO OFACE                      |
|                                               |                                                                                                 |                                                          |                            |                                                                        | 03/24/1995                                                                                                       |                                |
| 2. Principal Pl                               | ace of Business                                                                                 | 2a, Mailing Address                                      |                            |                                                                        | 4. FEI Number                                                                                                    | Applied For                    |
| 21                                            |                                                                                                 | 26                                                       |                            |                                                                        | 65-0584254                                                                                                       | Not Applicable                 |
| Suite, Apt. #, etc.                           |                                                                                                 | Suite, Apt. #. etc.                                      |                            |                                                                        | 5. Certificate of Status Desired                                                                                 | \$8.75 Additional              |
| 22                                            |                                                                                                 | 27                                                       |                            |                                                                        | b. Certificate of Status Desired                                                                                 | Fee Required                   |
| City & State                                  |                                                                                                 | City & State                                             |                            |                                                                        | 6. Election Campaign Financing                                                                                   | \$5.00 May Be                  |
| 23                                            |                                                                                                 | 28                                                       | 1                          |                                                                        | Trust Fund Contribution                                                                                          | Added to Fees                  |
| Zip                                           | Country                                                                                         | Zip                                                      | Country                    |                                                                        | 8. This corporation owes or has paid the                                                                         |                                |
| 24                                            | 25 Name and Address of Currer                                                                   | 29                                                       | [30]                       |                                                                        | Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30. | Yes No                         |
| 00                                            | <del></del>                                                                                     | it Hodistoren Walit                                      | 81 N                       | ame                                                                    | 10, Name and Address of New Register                                                                             | red Agent                      |
| GREENFIELD, ALAN E                            |                                                                                                 |                                                          |                            |                                                                        |                                                                                                                  |                                |
| 2600 DOUGLAS ROAD 82 Street Addre             |                                                                                                 |                                                          |                            |                                                                        | ess (P.O. Box Number is Not Acceptable)                                                                          |                                |
| SUITE 911 CORAL GABLES FL 33134               |                                                                                                 |                                                          |                            |                                                                        |                                                                                                                  |                                |
| OUTAL GABLES FL 33134                         |                                                                                                 |                                                          |                            |                                                                        |                                                                                                                  |                                |
|                                               |                                                                                                 |                                                          | 84 C                       | ty                                                                     |                                                                                                                  | 85 Zip Code                    |
| 11. Pursuant ti                               | o the provisions of Sections 607.050                                                            | 2 and 607 1508. Florida Statu                            | ites, the above-na         | med corpo                                                              | pration submits this statement for the purpos                                                                    |                                |
| office or re                                  | egistered agent, or both, in the State in familiar with, and accept the obligations.            | of Florida, Such change was                              | authorized by the          | corporatio                                                             | on's board of directors. I hereby accept the                                                                     | appointment as registered      |
| _                                             | n termial with, and accept the oring.                                                           | ations of, acciton 607,0005, r                           | ionda statutes.            |                                                                        |                                                                                                                  |                                |
| SIGNATURE                                     | Signature, typed or printed name of registered age                                              | out and take all applicable (NO                          | III : Registered Agent sig | mature required                                                        | d when reinstating) DA1                                                                                          | TE.                            |
| 12.                                           | OFFICERS AN                                                                                     |                                                          | 13.                        |                                                                        | ADDITIONS/CHANGES TO OFFICERS.                                                                                   | AND DIRECTORS IN 12            |
| TITLE                                         | PSTD                                                                                            | <b>☑</b> DELETE                                          | 1.1 TITLE                  | P.                                                                     | D                                                                                                                | Change <b>Y</b> Addition       |
| NAME                                          | <b>G</b> REENFIELD, ALAN E                                                                      |                                                          | 1.2 NAME                   | I/                                                                     | EVINE THOMAS J                                                                                                   |                                |
| STREET ADDRESS                                | 2600 DOUGLAS ROAD, SUIT                                                                         | E 911                                                    | 1.3 STREET ADDI            | RESS 5.                                                                | 240 NW 167 ST                                                                                                    |                                |
| CITY-ST-ZIP                                   | CORAL GABLES FL 33134                                                                           |                                                          | 1.4 CITY - ST - ZIF        |                                                                        | 240 NW 167 ST<br>HIALEAH. FL 33014                                                                               |                                |
| TITLE                                         |                                                                                                 | DELETE                                                   | 2 1 TITLE                  |                                                                        | 3 (3)                                                                                                            | ☐ Change ☑ Addition            |
| NAME                                          |                                                                                                 |                                                          | 2.2 NAME                   | F                                                                      | INE, HENRY                                                                                                       |                                |
| STREET ADDRESS                                |                                                                                                 |                                                          | 2.3 STREET ADDR            | RESS 5                                                                 | 240 NW 167 34                                                                                                    |                                |
| CITY-ST-ZIP                                   |                                                                                                 |                                                          | 2. 4 CITY - ST - ZI        | · //                                                                   | THE REPORT OF ST<br>HIGHEAH, FL 33019<br>TO<br>FEINBERG, FERNA<br>240 NW 167 ST<br>HALEAH, FL 3301               | <i>f</i>                       |
| TITLE                                         |                                                                                                 | ☐ DELETE                                                 | 3.1 TITLE                  | 57                                                                     | TD CANA                                                                                                          | Change LY Addition             |
| NAME                                          |                                                                                                 |                                                          | 3.2 NAME                   | 51                                                                     | EINBERG, FERNA                                                                                                   |                                |
| STREET ADDRESS                                |                                                                                                 |                                                          | 3.3 STREET ADDR            | ESS 5                                                                  | 240 NW 161 31                                                                                                    |                                |
| CITY-ST-ZIP                                   |                                                                                                 | Delete                                                   | 3.4. CITY - \$1 - ZII      | H                                                                      | TALEAH, FL 3301                                                                                                  | 4                              |
| TITLE                                         |                                                                                                 | L DELETE                                                 | 4.1 TITLE                  |                                                                        |                                                                                                                  | Change Addition                |
| NAME                                          |                                                                                                 |                                                          | 4. 2 NAME                  |                                                                        |                                                                                                                  | ļ                              |
| STREET ADDRESS                                |                                                                                                 |                                                          | 4.3 STREET ADDE            | i                                                                      |                                                                                                                  |                                |
| CITY-ST-ZIP                                   |                                                                                                 | T DELETE                                                 | 4.4 CITY - ST - ZIP        |                                                                        |                                                                                                                  | Change Addition                |
| TITLE                                         |                                                                                                 | ☐ DELFTE                                                 | 5.1 TITLE                  |                                                                        |                                                                                                                  | ☐ Change ☐ Addition            |
| NAME<br>OTOGET ADDRESS                        |                                                                                                 |                                                          | 5.2 NAME                   |                                                                        |                                                                                                                  |                                |
| STREET ADDRESS                                |                                                                                                 |                                                          | 5.3 STREET ADDR            | - 1                                                                    |                                                                                                                  |                                |
| CITY-ST-ZIP                                   |                                                                                                 | DELETE                                                   | 5.4 CITY-ST-ZIP            |                                                                        |                                                                                                                  | Change Addition                |
|                                               |                                                                                                 | TT NUTCLE                                                | 61 TITLE                   |                                                                        |                                                                                                                  | ☐ Change ☐ Addition            |
| NAME<br>STREET ADDRESS                        |                                                                                                 |                                                          | 62 NAME                    | 1500                                                                   |                                                                                                                  |                                |
| STREET ADDRESS                                |                                                                                                 |                                                          | 6.3 STREET ADDR            |                                                                        |                                                                                                                  |                                |
| 14. Libereby ce                               | artify that the information sumpled w                                                           | th this filing does not gualify t                        | 64 CITY-ST-ZIP             |                                                                        | ection 119.07(3)(i), Florida Statutes. I furthe                                                                  | r certify that the information |
| indicated c                                   | o <b>n this a</b> nnual report or supplementa                                                   | ! annual report is true an <b>d a</b> c                  | curate and that m          | v signature                                                            | e shall have the same legal effect as if made                                                                    | e under oath: that I am an III |
| Block 12 or                                   | ir <b>ector</b> of the corporation or the rect<br><b>r Bloc</b> k 13 if changed, or on an attac | aver or trustee empowered to<br>chrient with an address. | execute this repo          | rt as requir                                                           | red by Chapter 607, Florida Statutes; and th                                                                     | iai my name appears in         |