## 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 # 1. Corporation Name P95000025514 (7)

RRENNAN & ASSOCIATES, INC.

## **FILED** May 04 1998 8:00am Secretary of State

DILLINI	INN & ACCOUNTED THE				
Principal Place	e of Rusiness	Mailing Address		<u> </u>	
· · ·		-			
9737 SW 92 TERF 9737 SW 92 TERF 9737 SW 92 TERF					
				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	<del></del>	03/29/1995 4. FEI Number	Applied For
21	O Dadings	26		65-0568534	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible  Yes K No
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Register	
ALBERT, DONNA E  3000 NORTHEST 30TH PLACE  82 Street Address				(D.O. Day M. mahay is Alah Assantahla)	
	ITE 309		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	RT LAUDERDALE FL 33306		83		
			84 City		85 Zip Code
			J. Oily	F	-L   69   Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agont signature required when reinstating)  DATE					
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS /	
TITLE	P	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME	NAME BRENNAN, KEVIN		1.2 NAME		
STREET ADDRESS 9737 SOUTHWEST 92ND TERRACE		ERRACE	1.9 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 01		1.4 CITY-ST-ZIP		
TITLE		☐ DELET <b>E</b>	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		בַן טנננונ	3.2 NAME		Change Roomen
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELET <b>E</b>	4.1 TITLE	· · ·	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition
TOLE		בין טבובונ	6.1 TITLE		C CHANGE C MUUILION
NAME Street address			6.2 NAME		
STREET ADDRESS CITY+ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
	ertify that the information supplied	with this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes. I furthe	r 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 amount and officers.