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 # P95000031180 (9)

PETERSEN & HAWTHORNE, P.A.

Principal Place of Business Mailing Address
1700 EAST LAS OLAS BLVD.
101-B 101-B

FILED Jan 15 1998 8:00am Secretary of State



1700 EAST LAS (OLAS BLVD.	1700 EAST LAS OLAS BLVD. 101-B			
FORT LAUDERDA	LE FL 33301	FORT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 04/20/1995
2. Principal Place	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For	
21		26			65-0574499 Not Applicable
Suite, Apt. #, e	etc,	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			5. Certificate of Status Desired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip			Coun	itry	8. This corporation owes or has paid the current year Intangible
			30		Personal Property Tax due June 30.
Name and Address of Current Registered Agent				B1 Nam	10. Name and Address of New Registered Agent
PETERSEN, BYRON G				DI NAM	le le
1700 E 101-B		82 Street Addre		et Address (P.O. Box Number is Not Acceptable)	
	LAUDERDALE FL 33301		83		
			ļ	34 City	FL 85 Zip Code
11. Pursuant to th	e provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the ab	ove-name	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 NIN					
SignATORE Sign	aure, typed or printed name of registered agent	and title if applicable, (NOTE:	Registered	Agent signat	ture required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
''')	ELETE	1.1 TITL	Ę	President and Secretary (P35) Change Addition
)	PETERSEN, BYRON G	Vqqkdzs	1.2 NAN	1E	Beforden 1 Baron C. Blud 101-B
0,	ONE-FINANCIAL-PLAZA, SUITE	-2012 change	1.3 STR	EET ADDRES	1200 fort for over Bing 101. A
CITY-ST-ZIP F	FORT LAUDERDALE FL 33394		1.4 CITY	-ST-ZiP	Fi. Lauderdale, Fla. 33301
TITLE		DELETE	2.1 TITL	E	Divector (D) Literange Li Addition
NAME			2.2 NAN	1E	Petersen, Byron G.
STREET ADDRESS			2.3 STR	EET ADDRES	E-101 buld solves Los copy
CITY-ST-ZIP			2. 4 CIT	Y-ST-ZIP	Ft. Landendonie, Fla. 33301
TITLE		DELETE	3.1 TITL	E	☐ Change ☐ Addition
NAME			3.2 NAM	Œ	
STREET ADDRESS			3.3 STR	EET ADDRESS	\$
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	
TITLE		DELETE	4.1 TITL	E	☐ Change ☐ Addition
NAME			4. 2 NA	AE .	
STREET ADDRESS			4.3 STRI	ET ADDRESS	3
CITY-ST-ZIP			4.4 CITY	-ST-ZIP	
TITLE		DELETE	5.1 TITL	Ε	☐ Change ☐ Addition
NAME			5.2 NAM	E	
STREET ADORESS			5.3 STR	ET ADDRESS	3
CITY-ST-ZIP			5.4 CITY	- ST- ZIP	
TITLE		☐ DELETE	6.1 TITL	E	☐ Change ☐ Addition
NAME			6.2 NAM	Ε	
STREET ADDRESS			6.3 STR	ET ADDRESS	3
CITY-ST-ZIP			6.4 CITY	- ST- ZIP	
14 I horoby codify	u that the information expelied with	this filing door not qualify for	the even	nntion etc	eled in Section 119 07(3)(i) Florida Statutes, I further certify that the information

Thereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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.

CICNATURE.

Jan. 3,1998 954-832-998