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

FILED Mar 11 1998 8:00am Secretary of State

1. Corporatio	ATEK CO	. •		J354U:	o (O)		**			
Principal Piac	e of Busines	s		Mailing Addre	SS			- I EBBLIBBL IIM BOLDE BEINE BOLIE BOLIE BOLIE BREDI) hight divit minit sa	TIRE RIEF IMBI
2933 BOGOTA AVE. 2933 BOGOTA AVE.										
COOPER CITY FL 33026 COOPER CITY FL 33026										
								DO NOT WRITE IN THIS SPACE		
ļ								3. Date Incorporated or Qualified		Ţ
								05/05/1995		
2. Principal P	lace of Busi	ness	2a. Mailing Address				4. FEI Number		pplied For	
21			Suife, Apt. #, etc.				65-0579596	· · · · · · · · · · · · · · · · · · ·	ot Applicable	
Suite, Apt.	₩, BIC.		27				5. Certificate of Status Desired	4	Additional equired	
22 City & Stat	7 City & State				5 Stanion Company of the Company					
23	.0		}-	28				Election Campaign Financing Trust Fund Contribution	00.0¢	May Be
Zip	Zip Country			Zip Country			v	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year intangible		
24	25 29				30	e. This corporation of the part the carren			3 No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registers		
Th	IE LAW FIF	M OF LAWRE	NCE J SPIE	GEL CHRTD		8	Name			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE							Street Add	de la Company de Maria Maria de Maria		
CORAL GABLES FL 33134						82	Street Add	dress (P.O. Box Number is Not Acceptable)		
						83	1		·	
						<u> </u>				
						64	City	F	85 Zip	Code
11, Pursuant	to the provis	ions of Sections	607.0502 an	nd 607, 1508, Flo	orida Statute	s, the above	/e-named cor			ts registered
office or r	registered ag ım familiar w	gent, or bolh, in t ith, and accept t	he State of F he obligation	tonda Such cha is of Section 60	ange was at 17.0505. Flor	uthorized b rida Statute	y the corpora ss.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE		,				*				
SIGNATURE	Signature, types	for printed name of reg	gistered agont and	d bile if applicable	(NO1L	Registered A	gent signature requ	uired when reinstating) DATE	4	
12.		OFFIC	ERS AND DI			13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD				DELETE 1.1		ļ	,	Change	Addition
NAME	MARKIZON, BRUCE E			1.2 NAME						
STREET ADDRESS				1.3 STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP	COOPE	R CITY FL 33	026			1.4 CITY-	ST-ZIP			
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NAME						2.2 NAME	,			
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TITLE					DELETE	4.1 TITLE			Change	☐ Addition
NAME .						4. 2 NAMI				į
STREET ADDRESS						4 3 STREE	T ADDRESS			
CITY-ST-ZIP						44 CITY-	ST-ZIP			
THTLE				Ц	DELETE	51 TITLE			Change	Addition
NAME						52 NAME	1			
STREET ADDRESS						5.3 STAES	T ADDRESS			ļ
CITY-ST-ZIP						5.4 CITY-	ST-ZIP			
TITLE					DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME						6.2 NAME				
STREET ADDRESS						6.3 STREE	T ADDRESS			
CITY-ST-ZIP						6.4 CITY-	ST-ZIP			

14. Thereby 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, or on an attachment with an address.