## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000036511 (0)

**FILED** Mar 20 1998 8:00am Secretary of State

NANJA,		`	•						
Principal Place	e of Business	Mailing Address				-{			W 1181 (VI)
4129 NW 78TH AVENUE 4129 NW 78TH AVENUE SUNRISE FL 33351 SUNRISE FL 33351			E			DO NOT WRIT	E IN THIS	SPACE	
						3. Date Incorporated or Qualified		,, IOL	<del></del>
						05/04/1995			
2. Principal P	2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Ar	oplied For
21 26						65-0581578		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Štatus Desired		•	Additional equired	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
28						Trust Fund Contribution			to Fees
Zip <b>24</b>	Country	Zip <b>29</b>	30 Cou	ntry		This corporation owes or has p     Personal Property Tax due June		_ ` -	angible No
24	9. Name and Address of Curre		30			10. Name and Address of New R			110
TRICK, WILLIAM W JR.				81	Name				
660 SO. FEDERAL HIGHWAY 3RD FLOOR POMPANO BEACH FL 33062			İ	82 :	Street Addre	Address (P.O. Box Number is Not Acceptable)			
				83		<del>/</del>			
			}	84 (	City		Fl	85 Zip	Code
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change wa ations of, Section 607.0505,	tutes, the ab s authorized Florida Stati	iove-r I by th utes.	named corpo he corporatio	oration submits this statement for the on's board of directors. I hereby acce			s registered registered
SIGNATURE									
	Signature, typed or printed name of registered ag-			Agent	signature required	d when rainstating)	DATE	D DIDEOTOR	2011140
12.	D OTTION AN	D DIRECTORS  DELETE	13.			ADDITIONS/CHANGES TO OFFI	CERS AN	Change	Addition
NAME	BURKE, NANETTE		1.2 NA					Orango	
STREET ADDRESS	4129 NW 78TH AVENUE			reet ad	nnesse				
CITY-ST-ZIP	SUNRISE FL 33351		4	Y-ST-2					
TITLE		DELETE	2.1 TIT		LII			Change	Addition
NAME			2.2 NAME					_ •	_
STREET ADDRESS			2.3 STF	REET AD	ORESS				
CITY-ST-ZIP			2. 4 CF	IY-\$T-	ZIP	7	4 -		
TITLE		☐ DELETE	3.1 TIT	LE				Change	Addition
NAME			3.2 NAI	ME		,			
STREET ADDRESS			3.3 STF	reet adi	ORESS				İ
CITY-ST-ZIP			3.4. Ci	Y-\$1-	ZIP				
TITLE		☐ DELETE	4.1 TITI					Change	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS				EET AD					
CITY-ST-ZIP		Drieve		Y-ST-Z	ZIP			110	
TITLE		☐ DELE <b>te</b>	5.1 TITI					☐ Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS				EET ADI					-
CITY-ST-ZIP		DELETE		Y - ST - Z	ZIP			Channe	A didition
TITLE			6.1 TITU					Change	☐ Addition
NAME CAREET ADDRESS			6.2 NAM		00000				İ
STREET ADDRESS				EET ADO	- 1				}

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 chapter, or on an attachment with an address.