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 P95000036879 (1)

Mailing Address
7501 NW 4TH STREET STE 112 PLANTATION FL 33317

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				THE STREET WE SERVE SHALL SERVE SERVE SERVE	44.48 5	·E (E() (##)	
7501 NW 4TH STREET STE 112 7501 NW 4TH STREET PLANTATION FL 33317 PLANTATION FL 33317							
PONTATION	PE 33317	PLANTATION FL	33317		DO NOT WRITE IF	N THIS SPACE	
					3. Date incorporated or Qualified		
					05/10/1995		
	Place of Business	2a. Mailing Addre	ess		4. FEI Number	Ar	plied For
21		26			<u>65-05</u> 81228	No	t Applicable
Suite, Apt.	. #, 6 1C.	Suite, Apt #,	etc.		5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , ,	Additional
22 City & Stal	10	City & State				Fee Re	
23		28			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
] Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 3	0. 🗆 Yes 💈	No.
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Regi		
WA	ACHHOLDER, BARRY L C.P.A.		81	Name			·
7501 NW 4TH STREET STE 112			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
PL	ANTATION FL 33317				,	,	
			83				
			84	City		85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0	1502 and 607 1508. Florid	a Statutos the above	named name	ration submits this statement for the pur	FL B Zip	
					n's board of directors. I hereby accept t	pose of changing it the appointment as	s registered registered
1	am familiar with, and accept the ob	ligations of, Section 607.0	i505, Florida Statutes.	•			
SIGNATURE	Signature, typed or printed name of registered	agent and little if applicable	(NOTE: Registered Agen	n signature required	when reinstating)	DATE	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		S IN 12
THLE	D	☐ DEL	ETE 1.1 TITLE			Сћапде	Addition
NAME	CRIMI, JOSEPH A		1.2 NAME	İ			
STREET ADDRESS	616 SE 8TH AVENUE		1.3 STREET A	ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL		1.4 CITY-ST	- ZIP			
TITLE	ODINI EDANICE D	☐ DEL				L. Change	Addition
NAME OTOSST ADDRESS	CRIMI, FRANCES R 616 S.E. 8 AVENUE		2.2 NAME				
STREET ADDRESS	DEERFIELD BEACH FL 334	41	2.3 STREET A				
CITY-ST-ZIP TITLE	DECINICED DENOTITE 034	DEL	2. 4 CITY - ST ETE 3.1 TITLE	-ZIP		Change	Addition
NAME			3.2 NAME			C. Change	AUGILION
STREET ADDRESS			3.3 STREET A	IDDRESS			ŀ
CITY-ST-ZIP			3.4. CITY-ST				
TITLE		☐ DEL	******			☐ Change	Addition
NAME .			4. 2 NAME				
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP		- ·	4.4 CITY-ST-	- ZIP			_
TITLE		☐ DEL	ETE 5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET A	DORESS			1
CITY-ST-ZIP			5.4 City - St -	ZIP			
TITLE		☐ DEL	•			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A				
CITY-ST-ZIP			6.4 CITY - ST -	-7IP]			

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 changed, or on an attachment with an address.

2/25/98