## 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 # P95000041411 (6)

Secretary of State

**FILED** 

Apr 17 1998 8:00am

Principal Place		Mailing Address							
777 NW 72ND AVE 150 LAKEVIEW DR 3E16 SHOWROOM APT 202 MIAMI FL 33126 FT LAUDERDALE FL 33326			26			DO NOT WRITE IN THIS SPACE			
US		US				<ol> <li>Date Incorporated or Qualified 05/25/1995</li> </ol>	1		
	Principal Place of Bysiness . 2a. Mailing Address 25 Auto					4. FEI Number 65-0588939		·	oplied For ot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	
City & State  City & State  City & State  City & State						Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24 333	Country	Zip 29	Countr	у		8. This corporation owes or has personal Property Tax due Jui		rent year Int	
	9. Name and Address of Current					10. Name and Address of New F	registered .	Agent	
BELL, HAL 150 LAKEVIEW DR				Name Street		s (P.O. Box Number is Not Accept	able)		
APT 202 FT LAUDERDALE FL 33326									-
			84	City			FL	85 Zip (	Code
SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State c in familiar with, and accept the obligat Signature, typed or printed name of registered agen		es, the above authorized borida Statute  F: Registered Ag			when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	ICERS AND		
TITLE	D	[_] DELETE	1.1 TITLE		10,	HAL BELL		Change	Addition
NAME	BELL, HAL		1.2 NAME			211 Ditto Will	105 L	اه اد لا	
STREET ADDRESS	150 LAKEVIEW DR APT 202 FT LAUDERDALE FL 33326			T ADDRESS	1	4 PATES VILL	53/	7	
CITY-ST-ZIP TITUE	D D	DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP	1000	470W, T-1.33	2 6	Change	Addition
NAME	MANIFARTE CHAIRETTA		2.2 NAME		0.	ECISA GETTA M	ONFOR	1E	
STREET ADDRESS	A D. A.		2.3 STREE	T ADDRESS	53	Y PATIO VILLAG	EWA	9	
CITY-ST-ZIP			2. 4 CiTY -	ST-ZIP	LUZ	STON TL. 333	176 -		
TITLE			3.1 TITLE			, ,		☐ Change	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	S1-ZIP	+			Change	Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY -	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME	Ť.		5.2 NAME						
STREET ADDRESS	<b>.</b>		1	T ADDRESS					
CITY-ST-ZIP	1	☐ DELETE	5.4 CITY -	ST-ZIP	<del></del>			Change	Addition
TITLE		□ VELEN <b>C</b>	6.1 TITLE					Unango LL	- Manifold

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.

6.3 STREET ADDRESS

1/2 / /S 0 0 1

STREET ADDRESS

4-13-98

:R2E034 (10/97)