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 # P95000044853 (6)

FILED Jan 27 1998 8:00am Secretary of State

TUCKE	H & KUILER, P.A.				
Principal Plac	e of Business	Mailing Address		- I INDSINDS IIN (BIN) AIIII ADIII ADIII ABIII ABIII ABI	13 01011 01001 10101 91100 11 11 1001
2600 DOUGLAS RD., STE. 1108 2600 DOUGLAS RD., STE			1108		
CORAL GABLES FL 33134-6105 CORAL GABLES FL 33134				BO MOT WEITE IN T	T 110 00 10 F
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	
A Bringing D	lace of Business	2a. Mailing Address		06/02/1995	
	IACE OF BUSINESS	}		4. FEI Number	Applied For
21 26 Suite, Apt #, etc. Suite,		Suite, Apt. #, etc.		65-0589218	Not Applicable
22 27		<u> </u>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid th	
24	25	h	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Registe	
KOTLER, SCOTT F 81 Name					
2600 DOUGLAS RD., STE. 1108 CORAL GABLES FL 33134-6105			OD Charles	(D.C. Barrish and a Mark Assessments)	
			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
00	THE CHOCCO I C GO TO TO TOS		83		
			84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-pamed 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 Signature, typed or printed name of registered agent and title ill applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOTLER, SCOTT F		1.2 NAME		
STREET ADDRESS 2600 DOUGLAS RD., STE. 1108		1,3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134-610		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	TUCKER, DAVID K		2.2 NAME		
STREET ADDRESS	2600 DOUGLAS RD., STE. 110	8	2.3 STREET ADDRESS		
CITY-\$1-ZIP	CORAL GABLES FL 33134-610		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$1-ZIP			3.4. CITY - S1 - ZIP		
TITLE		DELETE	4.1 Title		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		·
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied will	this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I furth	er certify that the information

as required by Chapter 607, Florida Statutes; and that my name appears in

305 461 3627