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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 29 1998 8:00am Secretary of State

	MENT In Name OHEART,		P9500	00	45968	B (1)			
Principal Plac	a of Busines	-			Mailing Address				
Principal Place of Business 12890 STATE ROAD 84. #2-13 FT. LAUDERDALE FL 33325					12850 STATE ROAD 84. #2-13 FT. LAUDERDALE FL 33325				
									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
5 00 00 00	V ( D)								06/06/1995
2. Principal Place of Business					2a. Mailing Address				4. FEI Number Applied For
21 Suite Ant	Suite, Apt. #, etc.					#, etc.		<del></del>	65-0584901 Not Applicable
22					27				5. Certificate of Status Desired
City & State	City & State					te			6. Election Campaign Financing \$5.00 May Be
23					28				Trust Fund Contribution Added to Fees
<b>Z</b> ip			Country		Zip		Country	,	8. This corporation owes or has paid the current year Intangible
24	<del></del> ;	25	<del></del>	29			30		Personal Property Tax due June 30. Yes No
			Address of Curr	eni Reç	istered Ager	nt	B1	Name	10. Name and Address of New Registered Agent
MOSS, BONNIE 12850 STATE ROAD 84, #2-13  FT. LAUDERDALE FL 33325  B3  B4							Den	DAGE  Idress (P.O. Box Number is Not Acceptable)  Sold of the Sold	
11. Pursuant office or r agent. I a SIGNATURE	LX	D W	of Sections 607.05 or both, in the Stated accept the obli- ed name of registered a	5	FX	1 /-	_		orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
12,	)		OFFICERS A			<del></del>	13.	an agracio requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D					DELETA	1.3 TITLE		Change Addition
NAME	MOSS,						1.2 NAME	<b>\</b>	
STREET ADDRESS 12850 STATE ROAD 84, #2-1					1.3 STREET ADDRESS			ADDRESS	
CITY-ST-ZIP								11-ZIP	
TITLE					il	DELETE	21 TITLE	1	Change Addition
NAME							2.2 NAME	}	
STREET ADDRESS							2.3 STREET	į	
CITY-SY-ZIP						DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP	Change Addition
NAME						PECIE	3.1 TITLE 3.2 NAME		C Ontainge C Administ
STREET ADDRESS							3.3 STREET	ADDRESS	
CITY-ST-ZIP							3.4. CITY -		
TITLE						DELETE	4.1 TITLE		Change Addition
NAME							4. 2 NAME		
STREET ADDRESS							4.3 STREET	ADDRESS	
CITY-ST-ZIP							4.4 CITY - S	T-ZIP	
TITLE					IJ	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME							5.2 NAME		
STREET ADDRESS							5.3 STREET	,	
CITY-ST-ZIP						DELETE	5.4 CITY-S	T-ZIP	Obosso Distance
TITLE NAME					L	DLLETE	6.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS							6.2 NAME	ADDRESS	
CITY-ST-ZIP							6.3 STREET	- 1	
14. I hereby o	ertify that the	e infa	mation supplied	with this	s filing does n	ol qualify for	6.4 CITY - S the exemp	tion stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indicated	on this annu	al rep	ort or supplemen	tal annu	ual report is tr	ue and accu	rate and the	at my signati	ture shall have the same legal effect as if made under oath; that I am an

Block 12 or Block 13 if changed or on an attachment with an address.