## 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 # P95000050581 (4)

**FILED** Feb 04 1998 8:00am Secretary of State

Principal Place		Mailing Address  600 S. ANDREWS AVE. STE 400 FT LAUDERDALE FL 333	301		·	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 06/28/1995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For
1		26				<b>65-0156218</b> Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
3 Zip	Country	<b>28</b>	T Cou	ıntry	,	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
4			30	<b>–</b>		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
GRI	EEN, BRUCE D	· <del>- ·</del>		81	Name	
600 S. ANDREWS AVE.				82 Street Address (P.O. Box Number is Not Acceptable)		
STE 400					0,000,7100	areas (1.0. box 110 mbs) to the thospitation
FT.	LAUDERDALE FL 33301			83		
				84	City	85 Zip Code
						rporation submits this statement for the purpose of changing its registere
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or profed name of registered agent and tide of applicable (NOTE R  OFFICERS AND DIRECTORS  PD			Registered Agent signature requirements  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CHY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Additi
CITY-ST-ZIP		Driete		2. 4 CITY - ST - ZIP		Change Additi
TITLE		☐ DELETE	3.1 10		]	L_I Change L_I Additi
NAME PERFET ADROCCO			3.2 N		ADDRESS	
STREET ADDRESS					ADDRESS ST-ZIP	
CITY-ST-ZIP TITLE		DELETE	4.1 TI		51-ZIP	☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP					it-ZIP	
TITLE		DELETE	5.1 TI			Change Additi
NAME			5.2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			l l		i - ZIP	
TITLE		☐ DELETE				Change Addition
NAME			6.2 N	AME.		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CI			
14 I boroby ce	ertify that the information supplied	with this filing does not qualify for	or the exe	emp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informatio
indicated o officer or d Block 12 or	on this annual report or supplement irector of the corporation of the r Block 13 if changed of the a	and a round report is true and according to trustee empowered to a round with an address.	curate an execule t	d tha this i	at my signatu report as req	ure shall have the same legal effect as if made under palls; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in