

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

FILED
Jul 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name		P950000050764	
Principal Place of Business: 444 BRICKELL AVE. MIAMI, FL 33131		Mailing Address: SUITE 201 3993 HUNTINGDON PIKE HUNTINGDON VALLEY PA 19106	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		4. FEI Number	
06-29-1995		22-3245243	
5. Certificate of Status Desired		Applied For	
☐		☐	
6. Election Campaign Financing		Trust Fund Contribution	
☐		☐	
7. This corporation owes or has paid the current year Intangible		Personal Property Tax due June 30.	
☐		☒	
8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MERKIN STEWART A 444 BRICKELL AVE SUITE 300 RIVERGATE PLAZA MIAMI FL 33131		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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: _____ (Name of the individual who is the registered agent or the registered agent's authorized representative) (Name of the registered agent's authorized representative required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANK ANTHONY J.	1.2 NAME	
STREET ADDRESS	207 HANCOCK ST.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PERMIDANTON, N.J. 08068	1.4 CITY-STATE-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	
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 sole proprietor or partner or trustee or 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.			
SIGNATURE: FRANK ANTHONY J. FORTI		ANTHONY J. FORTI	
6-30-98		6-09-98 094-0900	

CR2E034 (10/97)