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

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000065673 (2)

FILED Feb 27 1998 8:00am Secretary of State

AFFO	rdable party rental, i	NC.			
Principal Plac	e of Business	Mailing Address			IO BĖTOL DIVIN DIVIL FOCOS JIAI IODI
6037 KIMBERLY BLVD		6037 KIMBERLY BLVD			
NORTH LAUDERDALE FL 33068		NORTH LAUDERDALE FI	L 33068		
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/24/1995	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	#	26		65-0611052	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le .	City & State		E Flootian Compaign Financian	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	- }-¬ '	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curre			10. Name and Address of New Registers	d Agent
A	MESSINA JR, ANTHONY	•	81 Name		
6218 SW 19TH ST			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIRAMAR FL 33023			OF OF Addi	reduction box rearrigor to rearrigoptables	
			83		
			84 City		. 85 Zip Code
			1 1 1		il. `
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was at jations of, Section 607.0505, Flor	umorized by the corporat rida Statutes	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
5.6.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Skjoature, typical or pordical nation of registered ag		Registered Agent signature requir	red when reinstating) DATE	
12,	, 	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PVD	DELETE	1.1 TITLE		Change Addition
NAME	MESSINA, ANTHONY JR		1.2 NAME		
STREET ADDRESS	6218 SW 19 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR FL 33023	- Double	1.4 CITY - ST - ZIP		T Observe T Address
TITLE	STD	L_1 DELETE	2.1 TiTLE		Change Addition
NAME	MESSINA, LINDA		2.2 NAME		
STREET ADDRESS	6218 SW 19 STREET		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	MIRAMAR FL 33023	DELETE	2 4 CITY-ST-ZIP		Change Addition
TITLE	ļ	L.J DELETE	3.1 TITLE		
NAME	J		3.2 NAME		.]
STREET ADORESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
		בין טנגנונ	4.1 113LE. 4.2 NAME		CHOINGE THE MANIMON
NAME					
STREET ADDRESS	į		4.3 STREET ADDRESS		ł
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		L_ butter	5.1 TITLE		
NAME CYNES ADDRESS			5.2 NAME		
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE		€ Decem	6.1 TITLE		ET Oriende ET veroundit
NAME CTRCCT ADORESC	Į		62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		Ì
CITY-S1-ZiP	I		6.4 CITY-ST-ZIP		

14. Thereby 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 trusted 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.

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