## 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

## **FILED** Mar 04 1998 8:00am Secretary of State

| 4  | MENT<br>ORLANDO                 | # <b>P9500</b><br>), INC.                              | 006738                                  | 0 (2)                                      |                              |                  |  |  |
|--|---------------------------------|--|---|--|------------------------------|------------------|--|--|
| Principal Place of Business Mailing Address    |                                 |  |   |  |                              |                  |  | <u> Benie 10806 deloi 1894 doit 1084</u> |
| 941 NORTH STATE ROAD 7 9                       |                                 |  |   | 941 NORTH STATE ROAD 7 PLANTATION FL 33317 |                              |                  |  |  |
| ]  |                                 |  |   |  |                              |                  | DO NOT WRITE IN TH   | IIS SPACE                                |
| <b></b>  |                                 |  |   |  |                              |                  | 3. Date Incorporated or Qualified 08/31/1995   |  |
| 2. Principal P                                 | lace of Busin                   | icss   | 2a. Mailing /                           | Addres <b>s</b>                            |                              |                  | 4. FEI Number  | Applied For                              |
| Suite, Apt.                                    | # etc                           |  | 26 Suite Ar                             | Suite, Apt. #, etc.                        |                              |                  | 65-0600159   | Not Applicable                           |
| 22   | #, <b>6</b> to.                 |  | - <del> </del>                          | 27   |                              |                  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required           |
| City & Stat                                    |                                 |  | City & State                            |  |                              |                  | Election Campaign Financing  | \$5.00 May Be                            |
| 23   |                                 |  | 28                                      |  |                              |                  | Trust Fund Contribution  | Added to Fees                            |
| Zip<br>24                                      |                                 | Country<br>25  | Zip 29                                  | 29 30                                      |                              | ,                | This corporation owes or has paid the<br>Personal Property Tax due June 30.                          | current year Intangible                  |
|  | 9. Name                         | and Address of Curre                                   | nt Registered Age                       | ent  |                              |                  | 10. Name and Address of New Register   | ed Agent                                 |
|  | ind, arthu                      |  |   |  | 81                           | 81 Name          |  |  |
|  |                                 | TATE ROAD 7  |   |  |                              | Street Ac        | Address (P.O. Box Number is Not Acceptable)  |  |
| PLANTATION FL 33317                            |                                 |  |   |  | 83                           |                  |  |  |
|  |                                 |  |   |  | B4                           | City             |  | 85 Zip Code                              |
| 11 Pursuant                                    | to the provisi                  | ons of Sections 607.05                                 | 02 and 607 1508 F                       | Torida Statu                               | tes the abov                 | e-named co       |  |  |
| office or r<br>agent. I a                      | registered ag<br>ım familiar wi | ont, or both, in the State<br>th, and accept the oblig | e of Florida. Such ogations of, Section | hange was<br>607.05 <b>05</b> , F          | authorized by lorida Statute | the corpo        | orporation submits this statement for the purpos<br>ration's board of directors. I hereby accept the | appointment as registered                |
| SIGNATURE                                      | Signature, typed                | or printed name of registered as                       | gont and title if applicable.           | (NO  | TE: Registered Age           | ent signature re | quired when reinstating) DAT   | <br>E                                    |
| 12.  |                                 | OFFICERS AN  | ND DIRECTORS                            |  | 13.                          |                  | ADDITIONS/CHANGES TO OFFICERS A  |  |
| TITLE  | D                               |  |   | DELETÉ                                     | 1.1 TITLE                    |                  |  | ☐ Change ☐ Addition                      |
| NAME BOND, ARTHUR                              |                                 |  |   | 1.2 NA                                     |                              |                  |  | [3                                       |
| STREET ADDRESS CITY-ST-7IP PLANTATION FL 33317 |                                 |  |   | 1.3 STI                                    |                              |                  |  | ļ  |
| CITY-ST-ZIP                                    | VP VP                           | 110N FL 33317  |   | DELETE                                     | 1.4 CITY - 9                 | T-ZIP            |  | Change Addition                          |
| TITLE  | BOND, D                         | חמ/מר  | <b>!</b>                                | 1 hereig                                   | 2.1 TITLE                    |                  | •  | Change Chyophon L                        |
| NAME<br>STREET ADORESS                         |                                 | RTH STATE RD 7   |   |  | 2.2 NAME<br>2.3 STREET       | 1000000          | i,   |  |
| CITY-ST-ZIP                                    | DI ANTAYION EI                  |  |   |  |                              | 1                |  |  |
| TITLE  |                                 |  |   | DELETE                                     | 2. 4 CITY -:<br>3.1 TITLE    | 91-21            |  | Change Addition                          |
| NAME   |                                 |  |   |  | 3.2 NAME                     |                  |  | - ·                                      |
| STREET ADDRESS                                 |                                 |  |   |  | 3.3 STREET                   | ADDRESS          |  |  |
| CITY-ST-ZIP                                    |                                 |  |   |  | 3.4 CITY-                    | 1                |  |  |
| TITLE  |                                 |  |   | DELETE                                     | 4.1 TITLE                    |                  |  | Change Addition                          |
| NAME   |                                 |  |   |  | 4. 2 NAME                    | 1                |  |  |
| STREET ADDRESS                                 |                                 |  |   |  | 4.3 STREET                   | ADDRESS          |  |  |
| CITY-ST-ZIP                                    |                                 |  |   |  | 4.4 CITY - S                 | T - ZIP          |  |  |
| TITLE  |                                 |  |   | ] DELETE                                   | 5.1 TITLE                    | }                |  | ☐ Change ☐ Addition                      |
| NAME   |                                 |  |   |  | 5.2 NAME                     | l                |  |  |
| STREET ADDRESS                                 |                                 |  |   |  | 5.3 STREET                   |                  |  |  |
| CITY-ST-ZIP                                    |                                 |  |   | Torietr                                    | 5.4 CITY-S                   | T-ZIP            |  | Change Laddit                            |
| TITLE  |                                 |  | L                                       | DELETE                                     | 6.1 TITLE                    |                  |  | Change Addition                          |
| NAME   |                                 |  |   |  | 6.2 NAME                     | 1DDDCCC          |  |  |
| STREET ADDRESS                                 |                                 |  |   |  | 6.3 STREET                   |                  |  |  |
| CITY-ST-ZIP                                    | erlify that the                 | information supplied v                                 | with this filling does                  | not qualify f                              | or the exemp                 |                  | in Section 119 07(3)(i) Florida Statutes I further   | certify that the information             |

Thereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the informatio indicated on this annual report or supplymental 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 tile receiver or trustice 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 of an appetung that an address.