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

**PROFIT CORPORATION ANNUAL REPORT** 

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 01 1998 8:00am Secretary of State

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District Di	<del></del>				·	•	[]						
Principal Place of Business Mailing Address													
1630 NE 12TH TERRACE													
10111 01002	METAL 12 0000		rom badber	IONEL IL 33	,000			DO N	IOT WRITE IN	THIS SPACE			
İ							3. Dati	e Incorporated or	Qualified				
								/12/1995					
<u> </u>	Place of Business		2a. Mailing Address				I	4. FEI Number Applied For					
21	# =10		Suite, Apt. #, etc.				6	<u>5-0606679                                 </u>			Not App		
Suite, Apt.	₩, <b>G</b> IC.		27				5. Cert	tificate of Status D	esired [	, , ,	<b>75</b> Additions Se Require		
City & Stat	te		City & State				€ Eloc	tion Campaign Fi			<del></del>		
23			28				I	st <b>Fund</b> Contribution	~ -		.00 May		
Zip	С	ountry	Zφ		Country	,		corporation owes					
24	25 29							Personal Property Tax due June 30.  Yes No					
		ddress of Current	Registered Agent			I .:···	10. Nan	ne and Address	of New Regis	tered Agent			
	ZMILLER, CRAIG				81	Name -	Josep	l É K	ellv –				
2414 NE 25TH PLACE						Street Ad	dress (P.O. E	30x Number is No	(Acceptable)	",			
FORT LAUDERDALE FL 33305						101	20	117 CI			· <del>····································</del>		
]					83								
					84	City	840 (	ا مما		FL 85 3	Zio Code Soco	•	
11. Pursuant	to the provisions of	Sections 607.0502	and 607.1508, Flo	rida Statute	s, the above	a-named co	ornoration cub	mits this stateme	nt for the pure	oce of changi	no ite real	borote	
i onice or r	i <b>enister</b> en anent ot	both, in the State of accept the obligation	ILIOOON SUCDER	inde was al	Thorizod hi	i tha carna	ration's board	of directors. I her	eby accept the	ne appointmer	it as regist	tered	
SIGNATURE	essue	(	L		Tod Claroto.				4-2	3-98			
<del></del>	Signature typed or pro-te	d name of registered agent	<del>_</del>	31ON)	Registered Age	ent signature re	quired when reinsta			DATE			
12.		OFFICERS AND			13.		ADDI	TIONS/CHANGES	TO OFFICER				
TITLE	r Mittalii i co	CDAIG		DELETE	1.1 TITLE					☐ Cha	nge 🔲 .	Addition 2	
NAME OTREET ADDRESS	IAME KITZMILLER, CRAIG STREET ADDRESS 2414 NE 25TH PLACE			1.2 N/							3		
CITY-ST-ZIP	_	RDALE FL 33305			1.3 STREE1							ŭ	
TITLE	T	10/120 12 00000		DELE <b>TE</b>	1.4 CITY - S 2.1 TITLE	1- ZIP	9T-			Chai	oge 🔲.	Addition C	
NAME	KELLY, JOSE	PH E	<del></del>		2.2 NAME	] '	T. 500 81	e Kal	14	-	. ب	100	
STREET ADDRESS	1700 NE 17TI	H TERRACE			2.3 STREET	ADDRESS	141 61	am ct	<b>,</b> 1		_		
CITY-ST-ZIP	FT. LAUDERD	ALE FL 33305			2.4 CiTY-5	ST-ZIP	Pamer	un Reinel	FI	3306	0		
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STREET ADDRESS					3 3 STREET	ADDRESS							
CITY-ST-ZIP				T. FTE	3 4. CITY - 9	T - ZIP		<u></u>					
TITLE				DELETE	4.1 TITLE					L. Char	ige 🗀 i	Addition	
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NAME					5.2 NAME					Ona	٬ ليا		
STREET ADDRESS					5.3 STREET	ADDRESS							
CITY-ST-ZIP					5.4 CITY-S	1							
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NAME					6.2 NAME								
STREET ADDRESS					6.3 STREET	ADDRESS							
CITY-ST-ZIP	7		- <del> </del>	<del> </del>	6.4 CITY - S			1		. <u> </u>			
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Indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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.