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

Principal Place	PRODUCTS CORP.	Mailing Address 1020-B SOUTHWEST BAY 4 POMPANO BEACH I	T 10TH AVENUE	DO NOT WRITE IN TO	
2. Principal P	lace of Business	2a, Mailing Address		09/22/1995 4. FEI Number	Applied For
21		26		65-0613860	Not Applicable
Suite, Apt. #, etc. S		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z(p)	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	
	g. Name and Address of Curre		1301	10. Name and Address of New Registe	
1	LODIG, GREGORY J 00 WEST CYPRESS CREEK		81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
-	UITÉ 700 ORT LAUDERDALE FL 33309		83		
			84 City		EL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A	gent and talle diapposable (A	NOTE: Registered Agent signature req	quired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GARAMELLA, ROBERT A		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 330		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	=		2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		Changing Changing
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STHEET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		i
STREET ADDRESS			5.3 STREET ADDRESS		į
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-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 receiver or trusted empowered to secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attackment with an address.

FILED

May 07 1998 8:00am

Secretary of State