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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9500(& CRAIG, P.A.	0076151 (6)			4.11
Principal Place	e of Business	Mailing Address	······································	I seakinak ika paran ankin anini anini nanin dalin Calin i	BOLD BILDL (1886) OLION HYDY 1884
80 SW 8TH ST SUITE 2520 MIAMI FL 33130 US		80 SW 8THS T SUITE 2520 MIAMI FL 33130 US		DO NOT WRITE IN TH 3. Date incorporated or Qualified	IS SPACE
00		•		10/03/1995	
2. Principal P	2. Principal Place of Business 28. Mailing Address			4. FEI Number	Applied For
21		26		65-0610759	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		A Floring Compaign Financing	
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	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	ad Name	10. Name and Address of New Registere	ed Agent
	BER, RONNIE		81 Name		
285 N.W. 199TH ST.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	TE 204		83		
MIA	MI FL 33169				
			84 City	F	85 Zip Code
11. Pursuant to office or reagent. I are SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	2 and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporal orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
	Signature, typed or printed name of registered age		: Registered Agent signature requi		
12.		D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	D Valle, Laurence F	☐ DETEIF	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	% 11301 S.W. 68TH CT.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY - ST- ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	CRAIG, LAWRENCE B III		2.2 NAME		
STREET ADDRESS	% 11301 S.W. 68TH CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	HARTLEY, TIMOTHY M		32 NAME		
STREET ADDRESS	% 11301 S.W. 68TH CT. MIAMI FL 33156		3.3 STREET ADDRESS		
TITLE	WHENTI FL 33 130	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	 	Change Addition
NAME		—	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Подел	5.4 CITY - ST - ZIP		T 05 T 4100
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME CTREET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied w	th this filing does not qualify fo	f the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated of officer or o	on this annual report or supplementa	al annual report is true and accu eiver or trustee empowered to e	urate and that my signatur	re shall have the same legal effect as if made uired by Chapter 607, Florida Statutes; and tha	under oath; that I am an