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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000076455 (1)

DOAD STEVEN FLEET PA

,	TEVEN FLEET, F.A.							
Principal Place		Mailing Address						
1111 LINCOLN PENTHOUSE 8		PENTHOUSE 802	1111 LINCOLN ROAD MALL PENTHOUSE 802			DO NOT WRITE IN THE	e enve	
MIAMI BEACH FL 33139 MIAMI BEACH						DO NOT WRITE IN THI	3 SPACE	
		•				3. Date Incorporated or Qualified		· .
						10/05/1995 4. FEI Number	A	oplied For
2. Principal Pia	ace of Business	2a. Mailing Address				65-0634176		lot Applicab
		Suite, Apt. #, etc.			·····		\$8.75	Additional
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	Fee R	Required _	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
	ـ - سرسد ب	28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the	current year in	itangible
24	25	29	30			Personal Property Tax due June 30.	Yes	□ No
24	g, Name and Address of Currer					10. Name and Address of New Registers	ed Agent	
FILINGS, INC.				81	Name			
373		ŀ	82	Street Addre	ass (P.O. Box Number is Not Acceptable)			
, 0,	RT LAUDERDALE FL 33311			83				
				84	City		85 Zip	Code
						F		ite registers
office or r agent. I a SIGNATURE						oration submits this statement for the purpose on's board of directors. I hereby accept the analysis when reinstating)		
	Signature, typed or printed name of registered ag	ID DIRECTORS	13.		, to og	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	)RS IN 12
12.	D	DELETE	1.1 7/1	LE			Change	Addil .
	FLEET, BRAD S		1.2 N					
STREET ADDRESS 1111 LINCOLN ROAD MALL		PENTHOUSE 802	NTHOUSE 802 1.3 s		ADDRESS		•	
MANU DEACH EL 22120			1.4 CITY-ST-ZIF		ST-ZIP			
CITY-ST-ZIP TITLE	MINIM BE 1011 & 00100	DELETE	2.1 TITLE				Change	e Addil
NAME			2.2 N	ME				
STREET ADDRESS			2.3 ST	REET	ADDRESS			
			2.4 C	ITY-	ST-ZIP			
CITY-ST-ZIP		DELETE	3.1 TI				Change	e 🔲 Addil
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S1	reet	T ADDRESS			
CITY-ST-ZIP			3.4. C	ПҮ-	ST-ZIP		——————————————————————————————————————	
TITLE		DELETÉ	4.1 TI	TLE			Change	e Addi
NAME			. 4.2 N	IAME			•	
STREET ADDRESS	•		4.3 5	TREE	T ADDRESS			
CITY-ST-ZIP	1		4.4 C	ITY-S	ST-ZIP			10 100
TITLE		DELETE	5.1 TI	TLE			Chang	je Add
NAME	1		5.2 N	AME				
STREET ADDRESS	1		5.3 S	TREE	T ADDRESS			

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 a officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 13 or Florida Statutes. Block 12 or Block 13 if change

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

300) 534 8200

Change

**FILED** 

May 15, 1999 8:00 am Secretary of State

05-15-1999 90010 041 \*\*\*150.00