PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 7401 PINES BLVD. #119 PEMBROKE PINES FL 33024-7201 PSOUDO 7 7844 (5) Mailing Address 13300 SW 37 CT DAVIE FL 33331 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2 Principal P	lace of Business	2a. Mailing Address				10/05/1995 4, FEI Number		Applied For
21	in by the control of	26	7			65-0614062		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	+ - · · · -	Additional
22		27						Required
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the cu		d to Fees
24	25	29	30	,		· · · · · · · · · · · · · · · · · · ·		□ No
	g. Name and Address of Cur	rent Registered Agent		Ĺ.,		10. Name and Address of New Registered	Agent	
	rte, mike			81	Name			
13300 SW 37 CT				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
UA	VIE FL 3331			83	 -			·
				84	City	Fl	85 Zip	Code
office or r	egistered agent, or both, in the St m familiar with, and accept the ob- Signature hiped or protest name of registred	ate of Florida. Such chan ge was Jigations of, Section 607.0505, F	authorize Iorida Sta	d by lutes	y the corporat s.	coration submits this statement for the purpose of the submits the statement for the purpose of the submit submit submit statement for the purpose of the submit su	pointment a	is registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D Multe Mile	DELETE	1.1 7				☐ Change	Addition
NAME	WHITE, MIKE 13300 SW 37 CT		1.2 N		4000000			
STREET ADDRESS CITY-ST-ZIP	DAVIE FL				ADDRESS IT- ZIP			
TITLE		DELETE	2.1 T		1- ZIP		Change	Addition
NAME			2.2 N				_ 1	
STREET ADDRESS			235	TREET	ADDRESS			
CITY-ST-ZIP					ST - ZIP			
TITLE		☐ DELĒTE	3.1 T	TLE	}		Change	Addition
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. C		ST-ZIP		Change	Addition
NAME		L Official	4.1 II				مرا ما سا	- Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					T-ZIP			
TITLE	- 	☐ DELETE	5.1 1				☐ Change	Addition
NAME			52 N	AME				
STREET ADDRESS			5.3 S	REET	ADDRESS			
CITY-ST-ZIP					T-ZIP		·	
TITLE		DELETE	6 1 TI	TIF			☐ Change	Addition

14. Thereby 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 trustee 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE: Michael White MIKE WHITE

NAME

STREET ADDRESS

CITY-ST-ZIP

03/19/98

954-987-9540

FILED

Mar 27 1998 8:00am

Secretary of State