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

FILED Jan 21 1998 8:00am Secretary of State

1. Corporation			P950 TERPRISE		33	619 (3)	•								
Principal Place of Business						Mailing Address					- E EDDELDOL GIO IDIOI DIEN DONE BOIR DA				F LEW LEW
8702 NW 82ND ST.					8702 NW 82ND ST.										
TAMARAC FL 33321					TAMARAC FL 33321										
											DO NOT WRITE	IN THIS	SPACE		
											3. Date Incorporated or Qualified				
2. Principal P	lace of Busin		2a. Mailing Address						10/27/1995 4. FEI Number			-T			
2. Principal Place of Business						26					65-0618956		-	+	olied For
Suite, Apt. #, etc.					Suite, Apt. #, etc.								82		Applicable dditional
22					27						5. Certificate of Status Desired			_	quired
City & State					City & State					······	6. Election Campaign Financing				May Be
23						28					Trust Fund Contribution				Fees
Zip	Country				Zip Cou			ountry			8. This corporation owes or has pa	id the cur	rept yea	ar Inta	ngible
24	25				29 30						Personal Property Tax due June		Yes		No
		Istere	ered Agent					10. Name and Address of New Re	gistered?	Agent					
	GER, EAR							81	Name						
8702 NW 82ND ST.									Street	Addre:	ss (P.O. Box Number is Not Acceptab	le)			
TAMARAC FL 33321															
								83							
								84	City				85	Zip C	ode
44 Durament to the provisions of Continue COZ CCCC												<u>FL</u>	$\bot \bot$		
office or re agent. I ar	egi ste red ag m f am iliar wi	ions of jent, or th, and	both, in the t	State of Flor obligations	rida. S of, Se	Such change was oction 607.0505, Fl	ies, the authoriz orida St	ed by atules	e-named the corp 3.	corpo poratio	ration submits this statement for the p in's board of directors. I hereby accep	urpose or If the app	cnangi ointmer	ing its nt as r	registered egistered
SIGNATURE .				····											
12.	Signature, typed	or printer	I name of register	ed agent and to S AND DIRE			If Register		nt signature	релирет	when roinstating)	DATE:	DIDEC	TOD(
TITLE	DPST	_	OFFICENC	NINO DITIE	-010	DELETE		ITLE			ADDITIONS/CHANGES TO OFFIC	ERS AND	Cha		Addition
NAME	SINGER, EARL L							1.2 NAME						ngo	Addition
STREET ADDRESS	8702 NW 82ND ST.								ADDRESS						
CITY-ST-ZIP	TAMARA							CITY-SI							
TITLE						DELETE		TITLE	1 20				Cha	noe	Addition
NAME							2.21	MAME						-	_
STREET ADDRESS	s					2.33			ADDRESS						
CITY-ST-ZIP						2			2.4 CITY-ST-ZIP						
TITLE						DELETE	_	ITLE					☐ Cha	nge	☐ Addition
NAME							3.21	NAME							
STREET ADDRESS							333	STREET	ADDRESS						
CITY-ST-ZIP	J						3 4.	CITY-S	1-ZIP						
TITLE						☐ DELETE	4.1	HTLE					☐ Char	nge	☐ Addition
NAME							4.2	NAME							
STREET ADDRESS							4.3 5	TREET	ADDRESS						
CITY - ST - ZIP			_				4.4 (HY-SI	I - ZIP						
TITLE						☐ DELETE	5.1 1		1				L Char	nge	Addition
NAME								IAME							
STREET ADDRESS							ı		ADDRESS						
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TITLE						☐ berete	6.11		ļ		•		☐ Char	ige	Addition
NAME STORET ADDRESS							6.21		1000000						
STREFT ADDRESS						6.3 STRI			- 1						
CITY-ST-ZIP							6.41	ITY-ST	- 212						

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 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.