## 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

## DOCUMENT # P95000083756 (3)

27TH AVENUE MANAGEMENT, INC.

| FILED       |          |  |  |  |  |  |  |  |  |
|-------------|----------|--|--|--|--|--|--|--|--|
| Feb 02 1998 | 8:00am   |  |  |  |  |  |  |  |  |
| Secretary o | of State |  |  |  |  |  |  |  |  |



| Principal Place                                  | e of Busines     | 55   | Mailing Add                             | ress            |                             |                            | 1 (45)(45) (16 (41)) (41)( 50)( 45)( 45)( 45)( 45)( 45)( 45)( 45)( 45 |                | and disciplin                 |  |
|--|------------------|--|---|-----------------|-----------------------------|----------------------------|---|----------------|-------------------------------|--|
| 4191 NW 26 1                                     | ST               |  | 4191 NW 26                              | S ST            |                             |                            |   |                |                               |  |
| 375 375 LAUDERHILL FL \$3313 LAUDERHILL FL 33313 |                  |  |   |                 | DO NOT WRITE IN             | DO NOT WRITE IN THIS SPACE |   |                |                               |  |
| U\$  |                  |  | US                                      |                 |                             |                            | 3. Date Incorporated or Qualified                                     |                |                               |  |
| 2. Principal Pl                                  | lone of Russi    | 2000   | 2a. Mailing A                           | ddroop          |                             |                            | 11/01/1995<br>4. FEI Number   |                | I A - attack East             |  |
| <del></del>                                      | IACE OF DUST     | 11688  | <del>-</del>                            | souress.        |                             |                            | 65-0683957  |                | Applied For<br>Not Applicable |  |
| Suite, Apt.                                      | # etc            |  | 26 Suite, Ap                            | ol # etc        |                             |                            |   | _ <b>¢</b> R · | 75 Additional                 |  |
| 22   | , 0.0.           |  | 27                                      | , 0.0.          |                             |                            | 5. Certificate of Status Desired                                      |                | e Required                    |  |
| City & State City & State                        |                  |  |   |                 | Election Campaign Financing | \$5.                       | .00 May Be  |                |                               |  |
| 23   |                  |  | 28                                      | :8              |                             |                            | Trust Fund Contribution Added to Fees                                 |                |                               |  |
| Zip  | _                |  |   |                 | Country                     | 1                          | 8. This corporation owes or has paid the current year Intangible      |                |                               |  |
| 24   | <u> </u>         | 25   | 29                                      |                 | 30                          |                            | Personal Property Tax due June 30                                     | <u> </u>       | No                            |  |
| 5.1  |                  | and Address of Curi  | rent Hegistered Age                     | int             | 81                          | Name                       | 10. Name and Address of New Regis                                     | terea Agent    | ····                          |  |
|  |                  | N, RATTAN  |   |                 | "                           | Ivallie                    |   |                |                               |  |
| 419<br>375                                       | 1 NW 26          | 81   |   |                 | 82                          | Street Ac                  | ddress (P.O. Box Number is Not Acceptable)                            |                |                               |  |
|  | ,<br>JDERHILL    | El 22212   |   |                 | 83                          | <del> </del>               |   | <del></del>    |                               |  |
|  | JUGNI IILL       | 1 L 000 IO   |   |                 | L                           | <u> </u>                   |   |                |                               |  |
|  |                  |  |   |                 | 84                          | City                       |   | FL 85          | Zip Code                      |  |
| 11. Pursuant t                                   | lo the provis    | sions of Sections 607.0  | 502 and 607 1508, F                     | lorida Statules | s, the abov                 | e-named co                 | orporation submits this statement for the purp                        | ose of changi  | ing its registered            |  |
| office or re                                     | egistered ac     | gent, <mark>or b</mark> oth, in the Sta<br>ith, an <b>d a</b> ccept the ob | ate of Florida. Such c                  | :hange was au   | thorized b                  | v the corpo                | ration's board of directors. I hereby accept the                      | ne appointmen  | nt as registered              |  |
| SIGNATURE  | <del></del>      |  |   |                 | ·                           | <del></del>                |   |                |                               |  |
|  | Signature, typed | or printed name of registered  | agent and the if applicable             | (NOTE           | Registered Ag               | ent signature re-          | quired when reinstating)  ADDITIONS/CHANGES TO OFFICER                | DATE           | TODS IN 12                    |  |
| 12.<br>TITLE                                     | PTSD             | OFFICERS F   |   | DELETE          | 1.1 TOTLE                   | -                          | ADDITIONS/CHANGES TO OFFICER  | Cha            |                               |  |
| NAME   |                  | SOON, RATTAN   | <b>b</b>                                | J 000001        | 1.2 NAME                    |                            |   |                |                               |  |
| STREET ADDRESS                                   |                  | W 26 ST, 375   |   |                 |                             | I ADORESS                  |   |                |                               |  |
| CITY-ST-ZIP                                      |                  | RHILL FL   |   |                 | 1.4 CITY -                  |                            |   |                |                               |  |
| TITLE  |                  | <del></del>  |   | DELETE          | 2.1 TITLE                   |                            |   | ☐ Cha          | nge 🔲 Addition                |  |
| NAME   |                  |  |   |                 | 2.2 NAME                    |                            |   |                |                               |  |
| STREET ADDRESS                                   |                  |  |   |                 | 2.3 STREE                   | ADDRESS                    |   |                |                               |  |
| CITY-ST-ZIP                                      |                  |  |   |                 | 2. 4 CITY-                  | ST-ZIP                     |   |                |                               |  |
| TITLE  |                  |  |   | DELETE          | 3.1 TITLE                   |                            |   | Char           | nge Addition                  |  |
| NAME   |                  |  |   |                 | 3.2 NAME                    |                            |   |                |                               |  |
| STREET ADDRESS                                   |                  |  |   |                 |                             | ADDRESS                    |   |                |                               |  |
| CITY-ST-ZIP                                      |                  |  | <del></del>                             | 1 pri ere       | 3.4 CITY-                   | ST-ZIP                     |   |                |                               |  |
| TITLE  |                  |  |   | ] DELETE        | 4.1 TITLE                   |                            |   | ∐ Chai         | nge L Addition                |  |
| NAME   |                  |  |   |                 | 4. 2 NAME                   |                            |   |                |                               |  |
| STREET ADDRESS                                   |                  |  |   |                 |                             | ADDRESS                    |   |                |                               |  |
| CITY-ST-ZIP                                      |                  | <del></del>  |   | DELETÉ          | 4.4 CHTY - S<br>5.1 THTLE   | 51 - ZIP                   |   | Chai           | nge Addition                  |  |
| TITLE<br>NAME                                    |                  |  | L                                       | A VICEIL        | 5.2 NAME                    | ŀ                          |   | VIIII          | - I ROOMOII                   |  |
| 1  |                  |  |   |                 |                             | ADDRESS                    |   |                | İ                             |  |
| STREET ADDRESS  <br>CITY+ST-ZIP                  |                  |  |   |                 | 5.4 CITY-S                  |                            |   |                |                               |  |
| TITLE  |                  | <del></del>  |   | DELETE          | 6.1 TITLE                   | 21 · 411                   |   | ☐ Char         | nge Addition                  |  |
| NAME   |                  |  |   |                 | 62 NAME                     |                            |   | _              |                               |  |
| STREET ADDRESS                                   |                  |  |   |                 |                             | ADDRESS                    |   |                |                               |  |
| CITY-ST-ZIP                                      |                  |  |   |                 | 64 CITY-5                   |                            |   |                |                               |  |
| 4 11   | . 417 41 14 41   |  | 1 |                 |                             | **                         | to Continue 440 07/0V/3 Florida Chabdan I ford                        | 1              |                               |  |

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 i Changed, or on application of the corporation of the corpora