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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL R	EPORT (Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
DOCUMEN 1. Corporation Name	NT# P9500		10 (0)		•	(100) 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	
Principal Place of Bus	siness	Mailing A	ddress				
7707 N UNIVERSITY OR SUITE 107		7707 N UNIVERSITY DR SUITE 107					
TAMARAL FL 33321		TAMARAL FL 33321				DO NOT WRITE IN THIS SPACE	
US		U\$				3. Date Incorporated or Qualified 11/08/1995	
2. Principal Place of I	Businoss	2a. Mailin	g Address	·		4. FEI Number Applied Fo	
Suite, Apt. #, etc		26 Suite.	Apt. #, etc.			65-0626979 Not Applic	
22		27				5. Certificate of Status Desired Fee Required	
City & State		City &	Stale			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28 Zip		Countr	у	This corporation owes or has paid the current year Intangible	
24	25 ame and Address of Curre	29	· · · · · · · · · · · · · · · · · · ·	30		Personal Property Tax due June 30. Yes No	
MINEO, P	·	nt Registered A	/gent	81	Name	10. Name and Address of New Registered Agent	
	VARD BLVD, SUITE 700			8:	Street A	Address (P.O. Box Number is Not Acceptable)	
FT LAUDE	RDALE FL 33301			8:			
					<u> </u>		
				84	City	FL 85 Zip Code	
office or registero	rovisions of Sections 607.056 d agent, or both, in the State ar with, and accept the oblig	e of Horida. Suc	h change was	authorized b	v the corpo	corporation submits this statement for the purpose of changing its registe coration's board of directors. I hereby accept the appointment as register	
SIGNATURE Signature		ent and title if applica	Lile (NO	TE: Rog-stered Ar	jent signature ra	required when reinstaing) DATE	
12.	OFFICERS AN	ID DIRLCTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	BER, TONEL		רין מנונונ	1.1 TITLE 1.2 NAME		Change Ad	
STREET ADDRESS 583	4 NW 35TH WAY			ſ	T ADDRESS		
	CA RATON FL 33496		T top ere	1.4 CHY-	ST-ZIP		
TITLE NAME			DELETE	2.1 THLF 2.2 NAME		☐ Change ☐ Ad	
STREET AODRESS					T ADDRESS		
CITY-ST-ZIP		·	F-10	2. 4 CITY			
NAME			DELETE	3.1 TITLE 3.2 NAME		Change Ad	
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP		·		3.4. CiTY	ST-ZIP		
TITLE			DELETE	4.1 TITLE	.	Change · Ad	
NAME STREET ADDRESS				4, 2 NAMI 4,3 STREE	T ADDRESS		
CITY-ST-ZIP				4.4 CITY-			
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Ad	
NAME STREET ADDRESS				\$.2 NAME	T ADDRESS		
CITY-ST-ZIP				5.3 STREE 5.4 CHY-			
TITLE			DELETE	61 TITLE		☐ Change ☐ Adi	
NAME				6.2 NAME	ſ		
STREET ADDRESS			,		1 ADDRESS		
City-St-ZiP] 14. I hereby certify the	at the information supplied y	ville this filing do	es not qualify t	6.4 City- for the exem	ation stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informa	
indicated o n this a officer or director Block 12 o r Block	annual report or supplement of the corporation of the rec . 13 if changed, or on antalta	al annual report eiver or trustee ichment with an	is true and ac empowered to address.	rurate and the execute mis	nat my signa report as r	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informa nature shall have the same logal effect as if made under oath; that I am a required by Chapter 607, Florida Statutes; and that my name appears in	

SIGNATURE:

FILED

Apr 13 1998 8:00am