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 # P95000089702 (1)

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FILED	
Jan 22 1998 8:00am	1
Secretary of State	

DLACK (UPAL GUNF					
Principal Place of Business Mailing Address						
1205 LINCOLN ROAD SUITE 218 MIAMI BEACH FL 33139		1205 LINCOLN ROAD SUITE 216 MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
2. Principal Pla	ce of Business	2a. Mailing Address			11/21/1995 4, FEI Number 65-0621781	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 30	ountry	,		Yes No
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registered A	gent
FEIG, MARC I 8000 PETERS ROAD PLANTATION FL 33324			81 82 83		dress (P.O. Box Number is Not Acceptable)	
			84		FL	85 Zip Code
office or reg	gistered agent, or both, in the S	7.0502 and 607.1508, Florida Statutes, the State of Florida Such change was authoric obligations of, Section 607.0505, Florida S	ed by	the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the properties of the properties of the properties of the properties of the purpose of the properties of the purpose	changing its registered intment as registered
SIGNATURE $\frac{1}{5}$	gnature, typed or printed name of register	ed agent and the if applicable (NOTE: Regist	red Ago	ent signature req	juited when reinstating) DATE	

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD DELETE 1.1 TITLE Change ■ Addition TITLE LICHTSCHEIN, ARNOLD NAME 1.2 NAME 1205 LINCOLN ROAD 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS **33 STREET ADDRESS** CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to except Block 12 or Block 13 if changed, or on an attachment with an address. emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that the spatial have the same legal effect as if made under oath; that I am an this poor as required by Chapter 607, Florida Statutes; and that my name appears in