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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 05 1998 8:00am

Secretary of State

Secretary of State **DIVISION OF CORPORATIONS**

P96000000437 (9)

MULD	JUN WAKEHUUSE II, INC.					
Principal Plac	e of Business	Mailing Address		1 (001(00) 1/0 10/19 01(1/ 00/1	1 MO311 M B414 MB141 MB413 MB431 M1M4A 12311 2001 1001	
1382 WEST MCNAB ROAD 1382 WEST MCNAB ROAD						
FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309				DO NOT	WRITE IN THIS SPACE	
				3. Date Incorporated or Qu		
				12/29/1995	aimbu	
2. Principal P	lace of Business	2a. Mailing Address	·	4. FEI Number	Applied For	
21		26		65-0642745	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			00 3E	
22		27	27		red 🕅 🥻 See Required	
		City & State		6. Election Campaign Finar	ncing \$5.00 May Be	
28		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or	has paid the current year Intangible	
24	25	29	30	Personal Property Tax du		
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of N	lew Registered Agent	
	asser, gene k eso.		81 Nar	ne		
ABRAMS, ANTON, ROBBINS, RESNICK & SCHNEIDER			82 Stre	82 Street Address (P.O. Box Number is Not Acceptable)		
2021 TYLER STREET			·			
HOLLYWOOD FL 33022			83			
			84 City	, , , , , , , , , , , , , , , , , , ,	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE				alure required when reinstating)	DATE	
12,	Signature, typed or printed name of registered age OFFICERS AND		13.		O OFFICERS AND DIRECTORS IN 12	
TITLE	PS	DELETE	1.1 TITLE	7,55,110(10)(5,11,11020)	Change Addition	
NAME	RIESGO, CATHERINE		1.2 NAME	GASSTON, CATHERI	NE RIESED	
STREET ADDRESS	1382 WEST MCNAB ROAD		1.3 STREET ADDRES		THE TRIESTO	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP			
TITLE	V	☐ DELET e	2 1 TITLE		Change Addition	
NAME	MULDOON, TIMOTHY J		2.2 NAME			
STREET ADDRESS	1382 WEST MCNAB ROAD		2.3 STREET ADDRES	SS		
CITY-ST-ZIP	FORT LAUDERDALE FL		2. 4 CITY - S1 - ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS	•		3.3 STREET ADDRES	ss		
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELET e	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRES	SS :		
CITY-ST-ZIP			4.4 CHY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	ļ	Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	ss		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	1	Change Addition	

14. 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. 1/20/00 AEU GTT. VORE

6.3 STREET ADDRESS

6.2 NAME