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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000527 (7)

DEEDCO CENTER COURT, INC.

FILED Apr 24 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing /	Mailing Address							
141 N.E. 3RD AVE SUITE 500 MIAMI FL 33132		141 N.E. 3RD AVE., SUITE 500 MIAMI FL 33132					DO NOT WRITE IN THIS SPACE			
1								IN THIS SPACE		
1							3. Date Incorporated or Qualified	-		
2 Principal P	Place of Business	2a Maili	ng Address				01/03/1996 4. FEI Number		LA Nord E	
21	Add of Daditios	├ ──┐	26					h	Applied For	
Suite, Apt	#. etc.		Suite, Apt. #, etc.				65-0665105	20 60	Not Applicable 75 Additional	
22	.,	27	, ript. », oto.				Certificate of Status Desired		ee Required	
City & State	0		City & State				6. Election Campaign Financing			
23		— ·	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Co	ountry		8. This corporation owes or has pai			
24	26	29		30			Personal Property Tax due June			
	g, Name and Address of Curre	ent Registered	Agent		Ι.,		10. Name and Address of New Reg	Istered Agent		
WOLFE, LEON J					81	Name				
100 SOUTHEAST SECOND STREET					82	Street Ac	ddress (P.O. Box Number is Not Acceptable	e)		
351	th floor international Pl	ACE								
MU	AMI FL 33131-2130									
					84	City		EI 85	Zip Code	
11 Pursuant	to the provisions of Sections 607.05	02 and 607 150	B Florida Statul	les the	above	-named c	orporation submits this statement for the pa	ITDOSE of chang	ning ite registered	
 office or r 	egistered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida, Sui	ch change was .	authoriz	ed hy	the corno	oration's board of directors. I hereby accep	t the appointme	nt as registered	
SIGNATURE										
12.	Signature typed or printed name of registured a OFFICE RS AT	NO DIRECTORS		13		nt signalure re	igulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	CTODE IN 10	
TITLE	D	TO OTTE OTOTIC	DELETE		TITLE	- T	ADDITIONS/CHANGES TO OFFICE	Ch Ch		
NAME	BUTLER, BERNICE				NAME			<u></u>		
STREET ADDRESS	141 N.E. 3RD AVE., SUITE 5	inn		- 1		ADDRESS				
CITY-S1-ZIP	MIAMI FL 33132	,,,,		1	CITY-S	1				
TITLE	DT		DELETE		TITLE	<u>'"</u>		☐ Ch	ange	
NAME	WINN, SUSAN			2.2	NAME			_		
STREET ADDRESS	1700 CONVENTION CTR DR	t ·		2.3	STREET	ADDRESS			ł	
CITY-ST-ZIP	MIAMI BCH FL			2 4	CITY-S	iT-ZIP				
TITLE	D		DELETE		TITLE			☐ Ch	ange 🔲 Addition	
NAME	WILLIAMS, LILLIE M			32	NAME					
STREET ADDRESS	1180 NW 50 STREET			3.3	STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL			3.4.	CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1	TITLE			☐ Ch	ange 🔲 Addition	
NAME				4. 2	NAME					
STREET ADDRESS				4.3	STREET.	ADDRESS				
CITY-ST-ZIP				4.4	CITY-S	(- ZIP				
TITLE			DELETE	5.1	TITLE		,	Ch	ange 🔲 Addition	
NAME				5.21	NAME					
STREET ADDRESS				5.3	STREET	address				
CITY-ST-ZIP					CITY-SI	[-ZIP				
TITLE			☐ DELETE	6.1	TITLE			☐ Ch	ange 🗌 Addition	
NAME				6.21	NAME				ļ	
STREET ADDRESS				6.33	STREET	Address				

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