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

PROFIT

SW Par

FLORIDA DEPARTMENT OF STATE

## FILED Mar 26 1998 8:00am

CORPORATION ANNUAL REPORT 1998		120000000000000000000000000000000000000	Sandra B. Secretary of DIVISION OF COL		ary of State		Secretary of State	
	MENT # on Name PRICE CONC		001232	(3)				
Principal Place of Businoss 10108 N.W. 53RD STREET SUNRISE FL 33351		Mailing Address 9400 S.W. 81ST COURT TAMARAC FL 33321				- 10 <sup></sup>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/05/1996	٦
2. Principal F	Place of Business		26 /0/08		WS	3 800	4. FEI Number Applied For 65-0633433 Not Applied be	-
Suite, Apt	.#, etc		Suite, Ap1. #	, etc.			5. Certificate of Status Desired	7
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	1
<b>23</b> Z <sub>I</sub> D		Country	28 7 D	<u> </u>	Cour	11 0 1	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible	$\dashv$
24	25 Q Name and	Address of Current I	29 333 J	/_	30 6	. S. A.	Personal Property Tax due June 30. Yes No.	-
FT					tes, the abrauthorized lorida Statu		corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered	
12.	Signatione typed or til	OFFICERS AND L		INO	13.	-geni signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_ {
TITLE	PD	TT OFILM		ELETE	1.1 TITL		☐ Change ☐ Addition	] \$
NAME STREET ADDRESS	ROSENBLA 9400 NW 8				1.2 NAN 1.3 STR	EET ADDRESS		18
CITY-ST-ZIP	TAMARAC I					-ST-ZIP		
TITLE				ELETE	2.1 TITL	- 1	☐ Change ☐ Addition	7
NAME STREET ADDRESS						EET ADDRESS	Associated and the second	
CITY-ST-ZIP TITLE	<del> </del>		D	ELETE	2. 4 CIT 3.1 TITL	Y-ST-ZIP	Change Addition	1
NAME STREET ADDRESS	}		_		3.2 NAV	)		
CITY-ST-ZIP	<u> </u>				•	/-ST-ZIP		
TATLE				ELEIE	4.1 TITE	1	Change Addition	7
NAME STOCK ADDOCES	{				4, 2 NAM			}
STREET ADDRESS CITY-ST-ZIP	}					ET ADDRESS -ST-ZIP		1
TITLE	<del></del>	<del></del>	D	ELETE	5.1 TITU		Change Acdition	1
NAME	}				5.2 NAM	- I		
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP TITLE	<del> </del>		D	ELETE	6.4 City	-ST-ZIP	Change Addition	1
NAME					6.2 NAM	i .	= · -	ĺ
STREET ADDRESS					6.3 STRE	ET ADORESS		
CITY-ST-ZIP	Certify that the inf	ormation supplied with	this filing does not	qualify 6	6.4 CITY	option stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	-
indicated officer or	on this armual re director of the co	port or supplemental a	nnual report is true or or trustee ompor	and acc	curate and execute thi	that my signal	ature shall have the same legal effect as if made under oath; that I am an equiped by Chapter 607, Florida Statutes; and that my name appears in	