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 # P96000005726 (0)

WALL STREET BUSINESS & FINANCIAL CONSULTANTS, IN

FILED May 11 1998 8:00am Secretary of State



				<u> </u>	IBI BANK IPRAR NIKUP BYN YDDI
Principal Place of Business	Mailing Address				
3550 GALT OCEAN DRIVE	3550 GALT OCEAN DRIVE				
SUITE 1403 FORT LAUDERDALE FL 33308	SUITE 1403 FORT LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE		
TOTT CHOPENDALE TE 33500			3. Date Incorporated or Qualified		
				01/16/1996	
2. Principal Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number	Applied For
21	26 10390 NW	out	urt	NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28 SUNFISE	12	_	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Countr	у	8. This corporation owes or has paid the cu	rrent vear Intangible
24 25	29 33322	30 US	ŚA		Ma Yes □ No
9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent
GOLDNER, ROBERT		81	Name		
3550 GALT OCEAN DRIVE		82	Circos Add	con (D.O. Dou Mumber in Not Accountable)	
SUITE 1403		102	Street Addr	ress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33308		83	B		·
TOTAL BRODEFIE TE GOODS					
		84	City	FL	. 85 Zip Code
agent. I am familiar with, and accept the obligations SIGNATURE	of Florida, Such change was au alions of, Section 607,0505, Flor	ithorized b	witho cornarat	tion's board of directors. I hereby accept the ap	pointment as registered
Signature, typed or printed name of registered age			ent signature requ	red when reinstating) DATE	
12. OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE POSSEST	☐ DELETE	1.1 TITLE	1		Change Addition
NAME GOLDNER, ROBERT	11 T	1.2 NAME			
STREET ADDRESS 3550 GALT OCEAN DRIVE SU		1.3 STREE	T AUDRESS		
CITY-ST-ZIP FORT LAUDERDALE FL 33308		1.4 CITY-	ST-ZIP		
TITLE	L DELET é	2.1 JULE	-		Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREE	1 ADDRESS		
CITY-ST-ZIP		2. 4 CITY-	ST-ZIP	4:	
TITLE	☐ DELETE	3.1 TITLE	ĺ		Change Addition
NAME		3.2 NAME	ì		Ì
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP		3.4. CITY-	ST-ZIP		
TITLE	DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME	:		
STREET ADDRESS		4.3 STREE	I ADDRESS		
CITY-ST-ZIP		4.4 CITY-	ST-ZIP		
TITLE	☐ DELETE	51 TITLE			☐ Change ☐ Addition
NAME		5.2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP		5.4 CITY -	į.		1
TITLE	DELETE	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
NAME		6.2 NAME			
STREET ADDRESS			1 ADDRESS	•	
CITY-ST-ZIP 14. 1 bereby certify that the information supplied w	ith this filing does not qualify for	6.4 CITY-		Section 119.07(3)(i). Florida Statutes I further of	ertify that the information

indicated on this annual report or supplichional 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 trustde empoyered 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 first true intentivity in adults.

Um 198 and 247,0468