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 # P96000006147 (8)

FILED Mar 18 1998 8:00am Secretary of State

City & State Country Country Country Country Country Resonal Property Tax due June 30. Yes Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent LOLLI, WILLIAM M 218	Applied For Not Applicable 5 Additional Required 30 May Be ed to Fees
21810 NW 7TH MANOR PEMBROKE PINES FL 33029 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 01/17/1996 2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0671910 Sulte, Apt. #, etc. 5. Certificate of Status Desired \$8.7 Fee City & State 3. Date Incorporation Campaign Financing \$5.1 Fee City & State City & State City & State Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State City & State City & State Sulte, Apt. #, etc. Su	Not Applicable 5 Additional Required 00 May Be ed to Fees Intangible
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City & State Zip Country Zip Country Zip Country Add Zip Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent LOLLI, WILLIAM M 21810 NW 7TH MANOR PEMBROKE PINES FL 33029 81 Name City FL 85 City FL 85 City FL 85 City FL 85 Zip 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 changin 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 agent. I am familiar with, anytaccept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signature hyped or proined name of registered agent and linin if application (NOTE: Registered Agent signature required when remaining) DATE DELETE 11. ITILE DELETE 11. ITILE DELETE 11. ITILE LOULI, WILLIAM M	00 May Be ed to Fees Intangible
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Trust Fund Contribution Add Zip Country Zip Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOLL, WILLIAM M 21810 NW 7TH MANOR PEMBROKE PINES FL 33029 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 changin 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 agent. I am familiar with, appraised the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typed or profed name of registered agent and filled if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE DELETE 11 TITLE Change Ch	ed to Fees Intangible
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6.4.CITY-ST-ZIP 6.4.CITY-ST-ZIP 6.4.CITY-ST-ZIP 6.4.CITY-ST-ZIP 16.1. Indicated on Section 119.07(3)(1), Florida Statutes. further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. further certify that indicated on this angular expert or supplemental applied report is true and accurate and that my signature shall have the same legal affect as if made under oath)e Addition

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.

SIGNATURE:

954 435-4037