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 # P96000016724 (2)

FILED Jan 28 1998 8:00am Secretary of State

J.D. SKIP BARD					
Principal Place of Busines: 428 NE\388 AVE		Mailing Address 428 NE ARD AVE			
FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301					
_				DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
				02/23/1996	
2. Principal Place of Busin		2a. Mailing Address	1	4. FEI Number	Applied For
21 88 NE 16	8 2t.		168 St.	65-0649985	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 No. Minmi Bea	ch FIA	City & State 28 No. Man. Ben	el Ph	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 33162 - 1744	Country	29 33/62-1244	Country 30 US/	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
	and Address of Current	1		10, Name and Address of New Registere	
BARDFELD, J.D. SKIP B1 Name BARDFELD, J.D. SKP					
428 NE 3RD AVE 82 Street Add				Address (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33301				NE 168 St.	
83				<u>.</u>	
			84 City	1. Mari Read	L 85 Zin Code 33/L2-1744
11. Pursuant to the drows of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registers.					
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 Elovida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an accept the policy of, Section 607.0505, Florida Statutes.					
SIGNATURE SIGNAT					
Triature, typed of smiled native-state dispert end little if applicably (NOTE. Registered Agent signature required when reinstating) DATE					
TITLE D	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
	ELD, J.D. SKIP		1.2 NAME	Tiska PANAIL	E Crisinge E Abdition
	3RD AVE		1.3 STREET ADDRESS	OU AIR 1168 Stunt	
1	DERDALE FL 33301		1.4 City - ST-ZIP	J.D.SK.D. BARTELL 88 NE 168 STEAL NO MIRMI BEACH PLA 3314	2-1744
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		."]
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DECEIE	4.1 TITLE		Change Addition
NAME DIRECT ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	*****	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		_ , _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I hereby certify that the	information supplied with	h this filing does not qualify for	or the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplemental annual report is fue 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 employage 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 an an attachment with an accurate and the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an an attachment with an accurate an accurate and the report as required by Chapter 607.

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