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

CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017799 (3)

FORTU	INE CODE INTERNATION	AL, INC.	•]	1181) 1887 1888 1848 1841 1881
Principal Plac	ce of Business	Mailing Address		- i individut van inits milit bolis nassi oblis oblis oblis	HOM NEGAL HOUSE ISSUE SOM (884
5309 W. BROWARD BLVD. 5309 W. BROWARD BLVD. PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN TH	IS SPACE
į .				3. Date Incorporated or Qualified	
				02/27/1996	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# Alc	Suite. Apt. #. etc.		65-0645611	Not Applicable \$8.75 Additional
22	. H. 010.	27		5. Certificate of Status Desired	Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	9. Name and Address of Cur	rent Begletered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
PO	YALE MANAGEMENT SERVIC		81 Name 2		1
2319 N. ANDREWS AVE FT. LAUDERDALE FL 33311				ENNETT 5 CARUDA, L ress (P.D. Box Number is Not Acceptable) 9 BIECAYNE BLND	SUITE 106
			83		
			B4 City	MIAIMI BEACH F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607 (0502 and 607.1508, Florida St	atutes, the above-named cor	poration submits this statement for the purpose	
agent. I a	am familiar with, and accept the ob			poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	Halan-An	YEARLY JACK	UE-ANN ISA	ACS 7. P. 4/1	1/98
12.	411	agent and title if applicable AND DIRECTORS	(NOTE Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 12
TITLE	I/ PD	DELETE	1.1 TITLE	ADDITIONS/DITANGES TO OTTICENS A	Change Addition
NAME V	JACOBS, DEAN A		1.2 NAME		
STREET ADORESS	5309 W. BROWARD BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		
TITLE	VO	DELETE	2.1 TITLE		Change Addition
NAME	ISAACS, JACQUE-ANN D		22 NAME		
STREET ADDRESS	5309 W. BROWARD BLVD.		2.3 STREET ADDRESS	•	
CIFY-ST-ZIP	PLANTATION FL 33317		2. 4 CITY - ST - ZIP		
TITLE	STD MOORE OF OPER F	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACOBS, DELORES E		3.2 NAME		
STREET ADORESS	5309 W. BROWARD BLVD.		3.3 STREET ADDRESS		
CITY - ST - ZIP	PLANTATION FL 33317	Desete	3.4 CITY-ST-ZIP		0
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME DAMETA ADDRESS			4. 2 NAME		
STREET ADDRESS	İ		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 51 TITLE		Change Addition
NAME		عاد الله	5.2 NAME		T AND TO SECULIAR
STREET ADDRESS)		5.3 STREET ADDRESS		
City-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TIFLE		Change Addition
NAME			6.2 NAME		• - ···
STREET ADDRESS	1		6.3 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 trustoe 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Apr 27 1998 8:00am

Secretary of State