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

DOCU 1. Corporation ANDR	MENT # P9600 on Name EW H. GREENE, C.P.A. P.)0028364 (3) A				
Principal Plac	ce of Business	Mailing Address				
450 N PARK	CROAD	450 N PARK ROAD				
SUITE 608		SUITE 608				
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021 US				DO NOT WRITE IN THIS SPACE
US						3. Date Incorporated or Qualified
					03/25/1996	
· · ·	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt	# alo	Suite, Apt. #, etc.			65-0656897 Not Applicable	
⊢	. W, BIC.				5. Certificate of Status Desired	
City & Sta	de	City & State				
23		28	i Siale			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	trv		8. This corporation owes or has paid the current year Intangible
24	25	29 3	- -	,		Personal Property Tax due June 30. Yes No
-	9. Name and Address of Curr		<u> </u>			10. Name and Address of New Registered Agent
G	REENE, ANDREW H CPA P		ε	31 Na	me	
450 N PARK ROAD				St Str		dress (P.O. Box Number is Not Acceptable)
SUITE 608				2 50	eet Add	dress (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021				33		
			Ļ	4-		
i				34 Ci	ty	FL 85 Zip Code
11. Pursuani office or agent. I	to the provisions of Sections 607.09 registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Statutes ile of Florida. Such change was au igations of, Section 607.0505, Flori	, the abo thorized da Statu	ove-nai by the tes	med cor corpora	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
Signature, typed or printed name of registered agent and title it applicable. (NOTE: F 12. OFFICERS AND DIRECTORS				legistered Agent signature require		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D OTTIOENS A	DELETE		1.1 TITLE		Change Addition
NAME	GREENE, ANDREW H		1.2 NAME			
STREET ADDRESS 3522 EMERALD OAKS DR				i". Eet addr	ECC	
CITY-ST-ZIP	HOLLYWOOD EL 20024			- ST - ZIP		
TITLE		DELETE	21 TITLE			☐ Change ☐ Addition
NAME		_	2.2 NAME		Ì	_ • -
STREET ADDRESS			2.3 STR	EET ADDR	FSS	
CITY-ST-ZIP	iT-ZIP		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITL		1	Change Addition
NAME	33		3.2 NAME		1	
STREET ADDRESS			3.3 STR	eet addr	ESS	
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • • •		1	3.4. CITY-ST-ZIP		
TITLE			_	4.1 TITLE		☐ Change ☐ Addition
NAME]		4. 2 NAN	AE		
STREET ADDRESS	1			EET ADDR	ESS	
CITY-ST-ZIP	1			-ST-ZIP	- 1	
TITLE			5.1 TITL			Change Addition

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 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 or an attachment with any address.

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

in the second

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

DELETE

30/98 954-894-7223

Addition

FILED

Apr 02 1998 8:00am

Secretary of State