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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # P96000	0032931 (3	3)			
	IOLDING COMPANY, INC.	,	-,			
Principal Place	e of Business	Mailing Address				11010 10100 11101 BUT 1001
409 NE RIVER	1 DRIVE	409 NE RIVER DRIVE	E `			
DEERFIELD F		DEERFIELD FL 33441			DO NOT WRITE IN THIS SI	DACE
US		US			3. Date Incorporated or Qualified	PACE
					04/16/1996	
2. Principal Pl	lace of Business	2a, Malling Address		·	4. FEI Number	Applied For
21		26			65-0673584	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27 City & Ctata				Fee Required
City & State	à	City & State	<u>⊢</u> ¬ ′		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Coun	dn,	Trust Fund Contribution	Added to Fees
24 Zip	25	29	30	ıry	This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes 🏻 No
24	9. Name and Address of Current				10. Name and Address of New Registered A	
FAS	STHAM, JOHN K JR		1	81 Name		
	B WEST PALMETTO PARK ROAD	ı	ļ.	B2 Street	Address (P.O. Box Number is Not Acceptable)	
	CA RATON FL 33432		Ľ	20000	Address (P.U. Box Number is Not Acceptable)	
	AU (MIAILLE ANIAE		ε	83		
			-	84 City		85 Zip Code
					<u> </u>	
11. Pursuant t	the provisions of Sections 607,0502	2 and 607.1508, Florida St of Florida, Such change v	tatutes, the abo	ove-named	d corporation submits this statement for the purpose of c rporation's board of directors. I hereby accept the appoi	changing its registered
agent. I a	m familiar with, and accept the obligation	ations of, Section 607.050F	5, Florida Statu	tes.	politions board of diffectors, I floroxy decept are appearance	Winding as Lotherores
SIGNATURE				1-726.7	DATE	
12.	Signature, typed or printed name of ingistered agen OFFICERS AND		(NOTE: Registered A	Agent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIDECTORS IN 12
TITLE	P OFFICENS AND	DELETE		F		
NAME	GLENN A WILLIAMS	_	1.2 NAM		President & Director & Treasurer - Glenn A W	lilliams
STREET ADDRESS	1328 SE 1ST WAY		a de la composição de l	EET ADDRESS	same	////
CITY-ST-ZIP	DEERFIELD FL			Y-ST-ZIP	·	•
TITLE	\$	☐ DELETE			VP- Secretary & Dir	Change Addition
NAME	MATTHEW J ZMIGRODSKI		2.2 NAM	AE.	Matthew J. Zmigrodski Same	•
STREET ADDRESS	3207 NW 105TH AVE		2.3 STAI	EET ADDRESS	Rame	
CITY-ST-ZIP	SUNRISE FL			Y-ST-ZIP		
TITLE	VP	DELETE			L L	Change Addition
NAME	CAROL MCKENNA	ſ	3.2 NAM			
STREET ADDRESS	3150 NW 68TH CT			EET ADDRESS	1	
CITY-ST-ZIP	FT LAUDERDALE FL	T DELETE		Y-ST-ZIP		Addition
TITLE		☐ DEL ete			-	Change Addition
NAME STREET ADDRESS			4. 2 NAN		1	ļ
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		r-ST-ZIP		Change Addition
NAME			5.2 NAM		<u> </u>	Unungo
STREET ADDRESS			•	EET ADDRESS		
CITY-ST-ZIP				- ST- ZIP		
TITLE		DELETE				Change Addition
NAME			6.2 NAM			·· • •
STREET ADDRESS				EET 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 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.

6.4 CITY-ST-ZIP

FILED

Mar 16 1998 8:00am

Secretary of State