## 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

## FILED Mar 05 1998 8:00am Secretary of State

|   | 1990   | Will be a second of the second |                        |   |   |                     |                               |      |
|---|--|--|------------------------|---|---|---------------------|-------------------------------|------|
| DOCUMENT # P9600033030 (3)  AMERICAN DREAM REAL ESTATE INC. |  |  |                        |   | 1 10 14 10 14 14 16 16 14 16 16 14 16 16 16 16 16 16 16 16 16 16 16 16 16                                 | 188 julij 83185 (1) | <u> </u>                      |      |
|   | - <del></del>                                  |  |                        |   |   |                     |                               |      |
| Principal Plac  | e of Business                                  | Mailing Address  |                        |   |   |                     | 111 <b>481</b> 1 <b>148</b> 1 |      |
| 23 SWALLOW DRIVE<br>LANTANA FL 33462                        |  | 23 SWALLOW DRIVE<br>LANTANA FL 33462   |                        | DO NOT WRITE IN THIS SPACE                              |   |                     |                               |      |
|   |  |  |                        |   | 3. Date Incorporated or Qualified   | ·                   |                               | 7    |
|   |  |  |                        |   | 04/11/1996  |                     | <del></del>                   | 4    |
|   | Place of Business                              | 2a. Mailing Address  |                        |   | 4. FEI Number   | <del>- 1</del>      | oplied For                    | -    |
| Suite, Apt.   | #. etc   | Suite, Apt. #, etc.  |                        |   | 65-0658993  |                     | ot Applicable<br>Additional   | +    |
| 22  |  | 27   |                        |   | 5. Certificate of Status Desired  |                     | equired                       |      |
| City & State  |  | City & State   |                        | Election Campaign Financing     Trust Fund Contribution |   | May Be<br>to Fees   | 1                             |      |
| Zip   | Country  | Zip  | Count                  | гу  | 8. This corporation owes or has paid the cu   |                     |                               | ┪.   |
| 24  | 25   | 29   | 30                     |   |   |                     | ] No                          |      |
|   | 9. Name and Address of Cur                     | rent Registered Agent  |                        | <del></del>   | 10. Name and Address of New Registered  | Agent               |                               | ]    |
|   | n <b>se</b> n, helge                           |  | 8                      | 1 Name  |   |                     |                               |      |
| 23 SWALLOW DRIVE  |  |  | 8:                     | 2 Street Add  | dress (P.O. Box Number is Not Acceptable)   |                     |                               | 1    |
| LA  | ntana fl 33462                                 |  | 8:                     | 2   |   |                     |                               | 4    |
|   |  |  |                        | ا ا   |   |                     |                               | _    |
|   |  |  | 8                      | 4 City  | FL  | <b>85</b> Zip i     | Code                          | 7    |
| 11. Pursuant  | to the provisions of Sections 607.0            | 0502 and 607.1508, Florida Statut  | es, the abo            | ve-named cor  |   | of changing it      | s registered                  | ┨    |
| office or r   | registered agent, or both, in the St           | ate of Florida. Such change was a bloations of Section 607,0505. Florida in the section 607,0505.  | authorized b           | by the corpora  | poration submits this statement for the purpose of<br>ation's board of directors. I hereby accept the ap- | pointment as        | registered                    | İ    |
| SIGNATURE   | or varimer trans and adoopt the or             | inganons of, coolidit por locoo, i i   | onda otatati           |   |   |                     |                               | 1    |
|   | Signature, typed or printed name of registered |  |                        | gent signature requ                                     | rired when reinstating) DATE  |                     |                               | F    |
| 12.   | OFFICERS AND DIRECTORS  DELETE                 |  | 13.                    |   | ADDITIONS/CHANGES TO OFFICERS AN  | D DIRECTOR Change   | RS IN 12 Addition             | -18  |
| NAME  | PD   L.  DELETE<br>  JENSEN, HELGE             |  | 1.2 NAME               |   |   | ET Ollarge          |                               | 1    |
| STREET ADDRESS  | 23 SWALLOW DR                                  |  | 1.3 STREET ADDRESS     |   |   |                     |                               | 8    |
| CITY-ST-ZIP   | LANTANA FL                                     |  | 1.4 CITY-              |   |   |                     |                               | Š    |
| TITLE   | DEI  |  | 2.1 TITLE              |   |   | Change              | Addition                      | ן ֿנ |
| NAME  |  |  | 2.2 NAME               | :   |   |                     |                               | 1    |
| STREET ADDRESS  |  |  | 2.3 STRE               | et address  |   |                     |                               | ì    |
| CITY-ST-ZIP   |  |  | 2. 4 CITY              |   |   |                     |                               | 1    |
| TITLE   |  | ☐ DELETE   | 3.1 TITLE              |   |   | Change              | Addition                      |      |
| NAME  |  |  | 3.2 NAME               | 1   |   |                     |                               | ļ    |
| STREET ADDRESS  |  |  |                        | ET ADDRESS  |   |                     |                               |      |
| CITY-ST-ZIP<br>TITLE  |  | DELETE   | 3.4. CITY<br>4.1 TITLE |   |   | Change              | Addition                      | 1    |
| NAME  | 1  |  | 4. 2 NAM               |   |   |                     | _                             |      |
| STREET ADDRESS  |  |  |                        | T ADDRESS   |   |                     |                               | 1    |
| C/TY-ST-ZIP   |  |  | 4.4 CITY-              | ST-ZIP  |   |                     |                               |      |
| TITLE   | ·= · · · · · · · · · · · · · · · · · ·         | DELETE   | 5.1 TITLE              | T -   |   | Change              | Addition                      | ŀ    |
| NAME  |  |  | 5.2 NAME               |   |   |                     |                               | 1    |
| STREET ADDRESS  | li .   |  | 1                      | T ADDRESS   |   |                     |                               |      |
| CITY-ST-ZIP   |  | DELETE   | 5.4 CITY-              | ST-ZIP  |   | Channe              | Addition                      | 4    |
| TITLE   |  | T DETER  | 6.1 TITLE              |   |   | Change              | ☐ Addition                    |      |
| NAME<br>STREET ADDRESS                                      |  |  | 6.2 NAME               | T ADDRESS   |   |                     |                               | Ì    |
|   |  |  | 1                      | 1   | •   |                     |                               | 1    |
| CITY-ST-ZIP   | artification information aunalian              | t with this filles does not evolity for  | 6.4 CITY-              |   | Scotion 119 07/3/() Florida Statutos I further o  | adifu that the      | information                   | 4    |

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 eath; 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. Journal attachment with an address.

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TEA 4/00

CT 1. 01.9.2412