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PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035249 (7)

FILED
May 04 1998 8:00am
Secretary of State

CERT	IFIED INS	PECTION SERVICE	OF WI	EST FL ING.							
Principal Pla	ace of Busine	SS	Mai	ling Address						#### 11 <b>8</b> 11 <b>8</b> 1	#1#   <b>   </b>
1915 NE 45	STH ST			IS NE 45TH ST							
SUITE 109		••		ITE 109	00			DO NOT WRITE	IN THIS S	DACE	
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 US US								3. Date Incorporated or Qualified	IIA ILIIO O	FACE	<del></del>
00			00	•				04/23/1996	•		
9 Princinal	l Place of Bus	inges	28.1	Mailing Address				4. FEI Number		- Ι	pplied For
21	7 7 120 <b>9 0</b> 7 200		26	and and a second				65-0661919			ot Applicable
Suite, Ap	ot.#.etc.			Suite, Apt. #, etc.							Additional
22				• • •				5. Certificate of Status Desired			equired
City & St	tate			Cily & State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country		Zφ	Сои	intry		8. This corporation owes or has pa	id the curr	ent year In	itangible
24		25	29		30			Personal Property Tax due June			□ No
	9. Nam	e and Address of Curren	it Registe	ered Agent				10. Name and Address of New Re	gistered A	gent	
	DEELEY, RO					81	Name				
1	1915 <b>NE</b> 451	TH ST				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
\$	SUITE 109										
F	T LAUDERD	ALE FL 33308				83					
					ŀ	84	City	· · · · · · · · · · · · · · · · · · ·		<b>85</b> Zip	Code
						-	Oily		FL		0000
SIGNATURE	Signature type	of or printed name of registered age OFFICERS AN			L. Registored	d Ager	nt signature require	d when reinstating) } ADDITIONS/CHANGES TO OFFICE			
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STREET ADDRES							ACDORGO IN SA. 1	led Kobert			
CITY-ST-ZIP	ET MV	NTERPRISE PKWY			1.3 ST	TREET A	AUURESS 1	IS NE 45th St #	107		
	TI. WII	NTERPRISE PKWY ERS FL 33905			1.4 CI	ITY-ST	T-ZIP FT	is NE 45th St # LAudendale FC		0 <u>8</u>	
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name	(T) . MI			☐ DELETE	1.4 CI 2.1 Ti 2.2 NA	ITY-ST TLE AME	T-ZIP FT	IS NE 45th St #			Addition
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NAME STREET ADDRES CITY-ST-ZIP					1,4 CI 2,1 TI 2,2 NA 2,3 ST 2, 4 C	ITY-ST TLE AME TREET A	T-ZIP FT	IS NE 45th St #		☐ Change	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 at address.