## 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

DOCUMENT #

P96000035836 (1)

**FILED** Apr 23 1998 8:00am Secretary of State

IHIE C	:AFE', INC.							
Principal Plac	ce of Business	Mailing	Address				- a reminma, tea abtea anien mbari mbari bazur dbioù batan disav (1948) site disav	i i i
2150 NW 18			NW 185TH WAY					
PEMBROKE PINES FL 33029-3863 PEMBROKE PINES FL 3302					<b>29-3863</b>		DO NOT WRITE IN THIS ORACE	
1							DO NOT WRITE IN THIS SPACE	
<u> </u>							3. Date Incorporated or Qualified 04/24/1996	
2. Principal F	Place of Business	2a. Mail	ling Address					For
21		26					NOT APPLICABLE S9-349524 Applied Not Appl	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				99.75 Additio	
22		27	27				5. Certificate of Status Desired Fee Required	
City & Sta	te	City	& State				6. Election Campaign Financing \$5.00 May E	3e
23		28					Trust Fund Contribution Added to Fee	
Zip	Country	Zip		<del></del>	untry		8. This corporation owes or has paid the current year Intangible	е
24	25	29		30			Personal Property Tax due June 30. Yes No	
	9, Name and Address of Curre	ent Registered	Agent		81	Name	10. Name and Address of New Registered Agent	
	CKENZIE, BARRINGTON G				"	Name		
	150 NW 185TH WAY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	••
, Pi	EMBROKE PINES FL 33029				83			
					83			
					84	City	FL 85 Zip Code	
44 Purguent	to the provisions of Sections 607.06	02 and 607 16	OD Elorido Statu	ton the e	3b 20 40	nomed caree	pration submits this statement for the purpose of changing its regis	torod
l office or	registered agent, or both, in the Stat	te of Elorida. Si	uch change was	authorize	ed by	the corporation	on's board of directors. I hereby accept the appointment as registe	ered
agent. I s	am familiar with, and accept the obli	igations of, Sec	tion 607. <b>0505</b> , Fi	lorida Sta	atutes			
SIGNATURE	Signature typed or printed name of registered a	ilone I, alle boe tono	nahla (NI)	IF: Benietor	od Agai	nt signature required	d when reinstating) DATE	
12.		ND DIRECTOR	<del></del>	13.		k digitation (equitor	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	D		DELETE		TITLE	1		ddition
NAME	MCKENZIE, BARRINGTON (	G		1.2 N	NAME	1		
STREET ADDRESS	2150 NW 185TH WAY			1.3 S	STREET	ADDRESS		
CITY+ST-ZIP	PEMBROKE PINES FL 3302	29		1.4.0	CITY-S1	r- <b>2</b> IP		
TITLE	D		DELETE	21 T	TITLE		Change A	ddition
NAME	SCHNEIDER, TAMMY F 人位 2150 NW 185TH WAY	eKenzie Ti	anny F.		NAME			
STREET ADDRESS	2150 NW 185TH WAY	,	15cha	e ders s	STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 3302	29		2.40	0174 0	un		
TITLE					UIIT-5	1-212		
	1		DELETE		TITLE	1-214	Change A	<b>d</b> dition
NAME			DELETE	3.1 T		1-219	☐ Change ☐ A	ddition
NAME Street address			DELETE	3.1 T 3.2 N	TITLE NAME	ADDRESS	☐ Change ☐ A	addition
l			DELETE	3.1 T 3.2 M 3.3 S	TITLE NAME	ADDRESS	Change A	<b>ud</b> dition
STREET ADDRESS			DELETE	3.1 T 3.2 M 3.3 S 3.4 (	TITLE NAME STREET :	ADDRESS		addition
STREET ADDRESS CITY-ST-ZIP				3.1 T 3.2 M 3.3 S 3.4 G 4.1 T	TITLE NAME STREET : CITY-S	ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE				3.1 T 3.2 M 3.3 S 3.4 C 4.1 T 4.2 I	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE .	3.1 T 3.2 M 3.3 S 3.4 G 4.1 T 4.2 I 4.3 S	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS 1-ZIP ADDRESS	☐ Change ☐ A	Addition
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STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE			DELETE .	31T 32M 33S 34( 41T 4.2I 4.3S 44C 51T 52M	TITLE NAME STREET: CITY-S TITLE NAME STREET: CITY-SI TITLE NAME	ADDRESS 1-ZIP ADDRESS	☐ Change ☐ A	Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			DELETE	3.1T 3.2M 3.3S 3.4.6 4.1T 4.2T 4.3S 4.4C 5.1T 5.2M	TITLE NAME STREET: CITY-S TITLE NAME STREET: CITY-SI TITLE NAME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS	☐ Change ☐ A	addition addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE .	3.1T 3.2M 3.3S 3.4.6 4.1T 4.2T 4.3S 4.4C 5.1T 5.2M	TITLE NAME STREET. CITY-S TITLE NAME STREET. CITY-SI TITLE NAME STREET.	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS	☐ Change ☐ A	Addition
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			DELETE	3.1T 32M 33S 34.4 41T 4.2F 4.3S 4.4C 51T 52M 53S 54C 6.1T	TITLE NAME STREET. CITY-S TITLE NAME STREET. CITY-SI TITLE NAME STREET.	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS	☐ Change ☐ A	addition addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	3.1T 32M 33S 34.4 41T 4.2I 4.3S 44C 51T 52M 53S 54C 61T 62M	TITLE NAME STREET. CITY-S TITLE NAME STREET.	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS	☐ Change ☐ A	addition addition

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 suppliemental 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 trusted 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 allachment with an address.