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 Feb 20 1998 8:00am Secretary of State

1	MENT # PONT NAME PONT PONT		86504 (4))					
Principal Plac	ce of Business	M	ailing Address				-{	il a b illa a liil a l	JULI 8181 1881
833 SHOTGUN RD 933 SHOTGUN RD									
SUNRISE FL			SUNRISE FL 33326						
							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 04/23/1996		
2. Principal F	Place of Business	2a.	Mailing Address				4. FEI Number		pplied For
21		26	3				65-0661384		tot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					 	Additional
22 27						-	5. Certificate of Status Desired	Fee R	lequired
City & State			City & State				Election Campaign Financing Trust Fund Contribution		May Be
Z ip 24	Country 25		Zip Cour		гу	8. This corporation owes or has paid the Personal Property Tax due June 30.		ne current year Intangible	
	9. Name and Addres		tered Agent	1001			10. Name and Address of New Registered	 	
BA	CON, EDDIE			8	1 Na	ne			
933 SHOTGUN RD					2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	- 	
SU	INRISE FL 33326			8:	-				
									-
4					4 City	′	FL	85 Zip	Code
11. Pursuant	to the provisions of Secti-	ons 607.0502 and 6	07.1508, Florida Sta tu da, Such change was	tes, the abo	ve-nam	ed corpo	pration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing it	ts registered
agent. I a	m familiar with, and acce	ept the obligations of	, Section 607.0505, FI	orida Statute	es.	on por an	or o source of directors. I horoby accept the ap-	JOHN NOTH BO	registered
SIGNATURE	Signature, typed or printed name	of registered agent and title	if applicable (NO)	E: Registered A	gent sign.	atura require	d when reinstating) DATE		l
12.		FICERS AND DIREC		13.	J o. 1. 0. J		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	D		JELETE	1.1 TITLE				Change	Addition
NAME	BACON, EDDIE			1.2 NAME					l:
STREET ADDRESS				1.3 STREET ADDRESS		SS			ļi l
CITY-ST-ZIP	SUNRISE FL 33326	S		1.4 CITY-				1 2	
TITLE	D Daigneault, Rob	CDT	☐ DELETE	2.1 TITLE				☐ Change	Addition C
NAME	933 SHOTGUN RD			2.2 NAME				1	
\$TREET ADDRESS	SUNRISE FL 33326			2.3 STAE		SS			
CITY-ST-ZIP TITLE	ST	<u> </u>	DELETE	2. 4 C/TY		_	• ÷n	Change	Addition
NAME	BACON, DEBORAH	1		3.2 NAME				onunge	
STREET ADDRESS	17401 S.W. 51 ST.			3.3 STREE		22			ł
CITY-ST-ZIP	FT. LAUDERDALE	FL		3.4. CITY		~			
TITLE			☐ DEL ETÉ	4.1 TITLE				☐ Change	Addition
NAME				4. 2 NAMI	E				
STREET ADDRESS				4.3 STREE	T ADDRE	ss			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP				
TITLE	-		DELETE	5.1 TITLE				Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRE	SS			
CITY-ST-ZIP	····		Doctor	5.4 CITY	ST-ZIP			T 6:	1.000
TITLE			☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME OTDEET ADDRESS				6.2 NAME		<u>,</u>			
STREET ADDRESS				6.3 STREE		»			
14. I hereby o	certify that the information	supplied with this f	ling does not qualify fe	6.4 City- or the exemi		ated in S	ection 119.07(3)(i). Florida Statutes, I further co	ertify that the	information

indicated on this annual report or supplied with his hind does not quanty for the examplion stated in section 119.07(s)r), Florida Statutes. Further certify that the informatic 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.