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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 12 1998 8:00am Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	Secretary	or state
	MENT # P9600 SWEET HOME FT. LAUDE	0045594 (4)			
				! JAANIAAN MA 1818A BURU BARU AANN AANN BARU BARU A	18 AL BLADA BANDA DALLA BADA 2001
Oringinal Olas	a of Ourises	Maritimes Addresses			1881 BIANA 811118 18111 8181 1881
Principal Place of Business Mailing Address 2100 N.E. 52ND COURT 2100 N.E. 52ND COURT					
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 3330			308		
				DO NOT WRITE IN THIS	SPACE
				 Date Incorporated or Qualified 05/30/1996 	
2. Principal P	ipal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21	26			65-0707197	Not Applicable
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	City & State Cily & State			6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	7 _{(P}	Country	8. This corporation owes or has paid the c	urrent year Intangible
24	25		30	Personal Property Tax due June 30. 10. Name and Address of New Registered	☐ Yes ☐ No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registered) Agent
MANY, MODIE					
FORT LAUDERDALE FL 33308			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			B 3		
			84 City		85 Zip Code
	····			<u> </u>	
11. Pursuant to	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Statuter e of Florida. Such change was a u	s, the above-named corp thorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	m familiar with, and accept the obliq	gations of, Section 607.0505, Flor	ida Statutes.		
SIGNATURE	Signature: typed or printed name of registered ac	gent and title if applicable (NOTE	Fingistered Agent signature requi	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
THILE	PD Karp. Moshe	☐ DELETE	1.1 TITLE		Change Addition
NAME ANDRESS	2100 N.E. 52ND COURT		1.2 NAME	•••	
STREET ADDRESS CITY-ST-ZIP	FT. LAUDERDALE FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		١
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	STOLARCZUK, UDO		2.2 NAME		
STREET ADDRESS	877 SAND CREEK CIR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL		2. 4 City-St-ZiP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		,
STREET ADDRESS			3.3 STREET ADDRESS		İ
CITY+ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		the state of the s	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		·
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME (6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		}
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby o	ertify that the information supplied s	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	certify that the information

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 on or the receiver or trustee entremental to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in