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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT Secretary of State  1998 DIVISION OF CORPORATIONS					6	Secretary of State					
	MENT # P96 & SURF INC.	6000053	477 (1)				(100/140/11/01/01/04/	N ATEN ATUL A	<b>a</b> nn <b>a</b> ana <b>a</b> i	(1 <b>30</b> 1)(() <b>4</b> ( <b>8</b> () 1 <b>1</b>	<b>a</b> n 1 <b>46</b> 1
Principal Place of Business Mailing Address 4100 N 28 TERR 4100 N 28 TERR HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 US US					DO NOT WRITE I						
2. Principal F	Place of Business	2a. Mai	ling Address	·· <del>····</del> ·		· <del></del>	06/24/1996 4. FEI Number 65-0611934	r Qualified		<del>- 1</del>	oplied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Certificate of Status	Desired			Additional
City & Stat	е		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country Zip Co				ry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
1	9. Name and Address of			1.			10. Name and Address				
	ALINASKY, DORON			6	1 N	ame					
4100 N 28 TERR					2 S	treet Addre	ess (P.O. Box Number is N	ot Acceptal	ble)		
HOLLYWOOD FL 33021					_ _		·				
				8	3						
						ity			FL	85 Z	3020
11. Pursuant office or r agent. I a	to the provisions of Sections & registered agent, or both, in the familiar with, and accept the	307.0502 and 607.15 ne State of Florida. Sine obligations of, Sec	08, Florida Statute uch change was a stion 607.0505, Flo	es, the about outhorized orida Statut	ve-na by the	amed corp corporati	oration submits this statem ion's board of directors. I h	ent for the pereby acce			s registered registered
SIGNATURE	Signature, typed or printed name of regi	stered enout and bile if anot	ceble /NOTE	- Panistored 6	oonl pi	nonlute recorde	ed when reinstaling)		DATE		
12.		RS AND DIRECTOR		13.	gorit bi	gristore require	ADDITIONS/CHANGE	S TO OFFI		D DIRECTOF	IS IN 12
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CITY-ST-ZIP				4.4 CITY							
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NAME				5.2 NAM	E						
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CITY-ST-ZIP	<u> </u>		DELETE	5.4 CITY		<u> </u>				TT A:: -	1 4 4 200
TITLE	u		DELETE	6.1 TITLE		]				Change	☐ AddItion
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STREET ADDRESS CITY-ST-7IP				63 STRE							

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 oath; that I am an officer or director of the covinciation or the receiver or trustee empowered to exedute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.

**FILED** 

Mar 30 1998 8:00am