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 11 1998 8:00am Secretary of State

		# P9600 C & ASSOCIATI		4691 (6)									
İ													
Principal Place of Business				Mailing Address					-{				
2450 HOLLYWOOD BLVD #405 HOLLYWOOD FL 33020				18151 NORTHEAST 31ST COURT #2016 AVENTURA FL 33180-2666				DO NOT WRITE IN T	HIS SPA	ACE			
									3. Date Incorporated or Qualified				
2. Principal P	Place of Busin	ายรร	2a.	2a. Mailing Address					06/27/1996 4. FEI Number			Applied For	
21				26					65-0688156		h	lot Applica	_
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	:		Additional	
City & State				City & State								Required	_
23				28					6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees	
Zip	Country			_ _			ountry		8. This corporation owes or has paid the	_	-		
24 25 9. Name and Address of Curren				29 30			Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent				_	∐ No	
CAV		· · · · · · · · · · · · · · · · · · ·	on neglati	neu Agent		81	Name		10. Name and Address of New Hegiste	tea Ağe	JN t		
	(OC, MADE	COD BLVD #405				82							
	LLYWOOD						Street A	Addre	ss (P.O. Box Number is Not Acceptable)				
1101		- C 000E0				63							\neg
					į	64	City				ne 7 7 0	Code	
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11. Pursuant office or r	to the provis registered ag	ions of Sections 607.0 jont, or both, in the Sta th, and accept the ob	502 and 60 de of Horida	7.1508, Florida Statu 1. Such change was	tes, the ab authorized	oove yd b	e-named the corp	corpo oratio	oration submits this statement for the purpor on's board of directors. I hereby accept the	se of ch appoin	anging i Iment as	its registere s registered	ed d
SIGNATURE	mriganillar wi	ан и а ссерт не ов	nganons or,	500000 007.00 05 , FI	iorida Stati	utes	š.						
·-	Signature, typed	or printed name of registered	·			Aga	nt signature	tequired	d when reinstating) DA				
12.	Р	OFFICERS A	MD DIRECT	DELETE	13.	11.5			ADDITIONS/CHANGES TO OFFICERS		Change	RS IN 12	{
NAME		MADELINE				I.1 TITLE I.2 Name				ш	Chlarige	LJ Addict	1011
STREET ADDRESS 18151 NE 31 ST. COURT							1.3 STREET ADDRESS						[8
CITY-ST-ZIP		A FL 33160-2666					1.4 City-St-ZiP						
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CITY-ST-ZIP				D 551.575	2. 4 CI		T-ZIP				-		
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NAME					4. 2 NA	\ME					-		
STREET ADDRESS					4.3 STF	AEET /	address						
CITY-ST-ZIP					4.4 CIT	Y-ST	- ZIP						
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NAME					5.2 NA								
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CITY-ST-ZIP TITLE				DELETE	5.4 CIT 6.1 TITI		I - ZIP				Change	Additi	00
NAME	•			VLLLIL	6.2 NAI					لــا	G I G I I I I	Additi	UII
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					6.4 CIT								
	ertify that the	information supplied	with this filir	ng does not qualify for				d in Se	oction 119.07(3)(i), Florida Statutes. I furthe	r certify	that the	informatio	n

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, a nn an attachment with an address.