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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # P96000055878 (8)

DAVID A. BRENER, P.A.

FILED May 05 1998 8:00am Secretary of State



4-22-98

Principal Place of Business Mailing Address								1 (\$0)(00)	16 16 15 BIN		*****	1181 81181 11		10 10011 1001
23123 STATE ROAD 7 STE 300-D 23123 STATE ROA														
BOCA RATON FL 33428			BOCA RATON FL 33428				DO NOT WRITE IN THIS SPACE							
							3	. Date Incor						
							-	06/28/1	_					
2. Principal Pl	lace of Busin	DSS	2a. Mailing Addre	ess			4	, FEI Numbe					Ap	plied For
21			26	}—,				65-068	33639			Γ	No	Applicable
Suite, Apt. #, etc			Suite, Apt #,	Suite, Apt #, etc.				. Certificate		losired				dditional
22			27	27			°	, Certificate	O Glatus L	7031100		F	ee Re	quired
City & State			City & State			6	Lection C	ampaign F	inancing		-		Мау Ве	
23			28					Trust Fund			<u>_</u>			o Fees
Zip	-	Country	Zip	<u> </u>	Country	′	8	, This corpo						
24		26	[29]	30				Personal P	., . ,			Yes		No
		and Address of Curre	nt Hegistereo Agent		81	Name). Name and	AUUIUSS	OI MOM I	Johnstone	o Agent		
	ENER, DAVI				"	Ivanie								
23123 STATE ROAD 7 STE 300-D					82	Street	et Address (s (P.O. Box Number is Not Acceptable)						
ВО	CA RATON	FL 33428			83	 								
					"	1								
					84	City					F	85	Zip (ode
		10	02 and 607.1508, Floric	de Cont. dog th			al corporati	an automita t	nia etotome	nt for the			aina iti	registered
office or re	to the provisi egistered ag	ons or sections 607.050 ont, or both, in the State	e of Florida. Such chang jations of, Section 607.	ge was author	ized b	y the co	orporation's	board of dire	ectors. I he	reby acc	ept the ar	ppointme	entas	registered
agent. I ar	ım famılıar wit	h, and accept the oblig				S.			148					
SIGNATURE	_Yau	or printed name of registered au		residen	~ +	ent signatur	ure required whe		148		DATE			
12.	Signature typeus		ID DIRECTORS		13.	ork eighter	0.0 (0.00)	ADDITIONS	/CHANGE	S TO OF		ND DIRE	CTOR	S IN 12
TITLE	P		□ DE		I.1 TITLE							☐ Ch		Addition
NAME	BRENER	, DAVID A		•	.2 NAME		1							
STREET ADDRESS		TATE RD 7 #300-D			.3 STREE	ADDRESS	s							
CITY-ST-ZIP		ATON FL			I.4 CITY-	ST~ZIP								
TITLE			☐ DE	LETE	2.1 TITLE				,			Ch	nange	Addition
NAME					2.2 NAME									
STREET ADDRESS					.3 STREE	ADDRESS	s							
CITY-ST-ZIP					2. 4 CITY-	ST - ZIP								
TITLE			☐ ĐE	LETE	3.1 TITLE							☐ Ch	ange	☐ Addition
NAME				:	3.2 NAME									
STREET ADDRESS					3.3 STREE	ADDRESS	s							
CITY-ST-ZIP					3.4. CITY-	ST-ZIP								
TITLE			☐ DE	LETE	1.1 TITLE		1					☐ Ch	ange	☐ Addition
NAME				1	I. 2 NAME		Ì							
STREET ADDRESS] •	4.3 STREE	T ADDRESS	s							
CITY-ST-ZIP					4.4 CitY-	ST - ZIP								
TITLÉ			☐ DE		5.1 TITLE							L CH	nange	Addition
NAME]			1	5.2 NAME									
STREET ADDRESS					5.3 STREE	ADDRESS	S							
CITY - ST - ZIP					5.4 CITY-:	ST - ZIP						1-1-2-		77 2 100
TITLE			☐ DE	•	6.1 TITLE							☐ Ch	ange	Addition
NAME					6.2 NAME									
STREET ADDRESS				<u> </u>	6.3 STREE	T ADDRESS	s							
CITY - ST - ZIP	L			1	6.4 CITY -:	ST-ZIP	1	140.07/0	V() F ()	0	1 4als - ::		-4 45-	lafarmatic+
indicated	on this annu	al report or cumplement	with this filing does not tal annual report is true	end accurate	and it	ıatm∨ sı	sionature sh	nall have the	same lega	i enfect a:	s ir made i	unger oa	III): IMá	at i arn an
officer or	director of th	e corporation or the red	peiver or trustee empoy	vered to exect	ute this	report a	as required	by Chapter	607, Florid	a Statute	is; and the	it my nar	ne ap	pears in
BIOCK 12 (or Block 13 I	changed, or on an attr	achment with an addre	00.										