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

PROFIT CORPORATION **ANNUAL REPORT**

1998



LUORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000058230 (9)

FILED May 05 1998 8:00am Secretary of State

JWDA		•	,		
Principal Place of Business C/O BRUCE JAY TOLAND. ESO. 801 BRICKELL AVENUE STE 1501 MIAMI FL 33131		Mailing Addross C/O Bruce Jay Tolano, ESO. 901 Brickell Avenue Ste 1501 Miami Fl 33131		DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified	
2. Principal Pl.	ace of Business	2a. Mailing Address		07/08/1996 4. FET Number 65-0103/40 Applie	ed For
Suite, Apt. (Suite, Apt #, etc. 27		Certificate of Status Desired	tional red
City & State 23 Zip	Country	City & State 28 Zip	Country	Election Campaign Financing Trust Fund Contribution Added to Fi This corporation owes or has paid the current year Intage	ees
24	25 2. Name and Address of Curre	nt Registered Agent	81 Name	Personal Property Tax due June 30. Yes No. 10. Name and Address of New Registered Agent	0
80 SU	DLAND, BRUCE J D1 BRICKELL AVEUE JITE 1501 IAMI FL 33131			ess (P.O. Box Number is Not Acceptable)	
1			84 City	FL 85 Zip Cod	
office or re agent. Lar SIGNATURE.	egistered agent, or both, in the State in familiar with, and accept the obliq	: of Florida: Such chango was pations of, Section 607.0505, f	authorized by the corporat lorida Statutes	poration submits this statement for the purpose of changing its re- ion's board of directors. I hereby accept the appointment as regi	gistered istered
12.	Signature, hyperfor pentrut name of registered at OFFICERS AN	entaretwi i apprició (NC ID DIRECTORS	It. Registered Agoni signature requir. 13.	and when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	V 12
TITLE	D	DELFTE	1.1 TOLE		Addition
NAME STREET ADDRESS	SHEPARD, JOHN 801 BRICKELL AVE STE 15	501	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	DECETE	1.4 C(TY+S1-ZIP 2.1 T(TLE	Change	Addition
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STREET ADDRESS			2.3 STREET ADDRESS		
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TITLE		DELETE	3 1 TOTLE	Change _	Addition
NAME			3 2 NAME		
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CITY-ST-ZIP			3 4 CITY-ST-7#		
TITLE		☐ DELETE	4.1 TIILE	L Change L	_ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DETETE	4.4 C(TY-S1-ZIP 5.1 TITLE	Change	Addition
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STREET ADDRESS			5.3 STREET ADDRESS	<i>σ</i>	ا _ (
CITY-ST-ZIP			5.4 CITY-ST-ZIP	5	ッちー
TITLE		DILLETE	C.1 THUE	700002512276hange C	Addition
NAME			62 NAME	-05/06/9801002037	
STREET ADDRESS			G 3 STREET ADDRESS	***150.00	
CITY-ST-ZIP			6.4 CITY- ST-ZIP		
	ertify that the information syppliced v	with this filing does not qualify		Section 119.07(3)(i), Florida Statutes. I further certify that the info	rmation

If true and accurate and that my signature shall have the same legal effect as it made under outly made and empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address.

794-3010