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

**PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Mar 18 1998 8:00am Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	Secretary	or state
DOCUI 1. Corporation	MENT # P9600	0061518 (2)			
					1110 HIR PUR HIR HIR HI
Principal Place	of Business	Mailing Address		- I NODILABIL II PORTO BRAN BOIN BONT BONT BONK DAND	TITET BLODE ERLOT TIDET ERLU KORU
2447 NW 62ND ST 2447 NW 62ND ST BOCA RATON FL 33496 BOCA RATON FL 33496				·	
00011 11111011		00011 7111011 72 00100		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 07/22/1996	
	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.		65-0689539	Not Applicable
22	<del>,</del> , 010.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	Z(p)	Country	Trust Fund Contribution  8. This corporation owes or has paid the o	Added to Fees
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	fi Agent
	OTSKY, BARBARA		81 Name		
2447 NW 62ND ST BOCA RATON FL 33496			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
83			83		
			84 City		. 85 Zip Code
Ad Discourant	a the annulaione of Continue CO7 OF	20 and CO7 44 00. Finding Clatities	the above appears	F	L
office or re	egistered agent, or both, in the State	of Florida, Such change was au stations of Postion 607.0505. Flor	thorized by the corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	irranmar with, and accept the ornig	parions of, aection 607,0303, Fior	iga sialules.		
	Signature, typed or printed name of registered ag-		Registered Agent signature require		
TITLE	DPVS OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BROTSKY, GARY		1.2 NAME		
STREET ADDRESS	2447 NW 62ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		1.4 CiTY - ST - ZIP		
TITLE	BROTSKY, GARY	DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	2447 NW 62ND ST		2.2 NAME 2.3 STREET ADORESS		
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>		2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		<u> </u>
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Driett	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		CI CHRINGS CI MODI((IOR)
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5,4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I hereby c	ertify that the information supplied w	with this filing does not qualify for	the exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplimental 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 trustoe empowered to execute this report as required by Chapter 600 finished under oath; that I am an officer or director of the corporation or the receiver or trustoe empowered to execute this report as required by Chapter 600 finished under oath an address.

SIGNATURE: X

3501 Embassy Pkyry, Akron, Ohio 44333