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

DOCUMENT # P9600062497 (8)

DEANNA DOHERTY LOBINSKY, P.A.

02407 (0)

FILED Apr 28 1998 8:00am Secretary of State



11-10-90

Principal Plac	e of Business	Mailing Address				D. 100,
18354 S.W. (ITH COURT PINES FL 33029	18354 S.W. 4TH COURT				
CMDHUNE !	PINES FL 33029	PEMBROKE PINES FL 3:	3029		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					07/25/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied	d For
21		26			Ar A666946	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			- \$9.75 Addit	
22		27			5. Certificate of Status Desired Fee Require	
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May	v Re
23		28			Trust Fund Contribution Added to Fe	
Zip	Country	Zıp	Zip Country		8. This corporation owes or has paid the current year Intangil	ible
24	25	29	30		Personal Property Tax due June 30. 🗹 Yes 🗌 No	ס
· · · · · · · · · · · · · · · · · · ·	9, Name and Address of Curre	nt Registered Agent		·	10, Name and Address of New Registered Agent	
	NGER, JESSE T		B1	Name	,	
	5 S.W. 183RD RD. WAY		82	Street	dress (P.O. Box Number is Not Acceptable)	
PE	MBROKE PINES FL 33029					
			83			
			84	City	log l 7 - Out	
			"	City	FL 85 Zip Code	э
	egistered agent, or both, in the State m familiar with, and accept the obliq	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized b orida Statute	y the corp s.	d corporation submits this statement for the purpose of changing its reg rporation's board of directors. I hereby accept the appointment as regis	stered
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable (NOT)	- Registered Ag	on' signature	re required when reinstating) DATE.	
12.		ND DIRECTORS	13.	on ognature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Addition
NAME	Lobinsky, deanna d		1.2 NAME			
STREET ADDRESS	18354 S.W. 4TH COURT		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 3302	9	1.4 CITY - S			
TITLE		DELETE	21 TITLE	71 211	Chanoe	Addition
NAME			22 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-			
TITLE		DELETE	3.1 TITLE	J. 2	Change	Addition
NAME			3.2 NAME		- · -	,
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE			4.1 TITLE		☐ Change ☐	Addition
NAME			4. 2 NAME			·
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY+ST-ZIP			4.4 CITY-S			
TITLE	DELETE		5.1 TITLE		Change	Addition
NAME			5.2 NAME			·
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADORESS		
CITY-ST-ZIP			6.4 CITY - S			
14. I hereby c	ertify that the information supplied v	vith this filing does not qualify fo	r the exemp	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	mation
officer or o	on inis annual report of supplement	at annual report is true and acci elver or trustee empowered to e	itate and th	al mw eig	gnature shall have the same legal effect as if made under oath; that I ar s required by Chapter 607, Florida Statutes; and that my name appears	m 00