## 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 # P96000063356 (5)

1, Corporation 1776 P Principal Place 1201 BRICKE	PLAZA INCORPORATED  ie of Business  ILL AVENUE STE 210	Mailing Address 1201 BRICKELL AVENUE			
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	· <del></del>
6 Principal F	Dogs of Displaces	2a, Mailing Address		<b>07/26/1996 4.</b> FEI Number	
2. Principal P	Principal Place of Business 2a. Mailing Address 26			65-0702038	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, et			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	This corporation owes or has paid the opersonal Property Tax due June 30.	current year Intanoible
	9, Name and Address of Curi	rent Registered Agent		10. Name and Address of New Registers	d Agent
GREENFIELD, MARVIN E			81 Name		
	1201 BRICKELL AVENUE STE 210 MIAMI FL 33131		82 Street Ad	ress (P.O. Box Number is Not Acceptable)	
I IVIII	AMI FL 33131		83		
			84 City		85 Zip Code
				rporation submits this statement for the purpose	<u>L</u>
SIGNATURE	Signature, typed or printed name of regentered	agent and tile a ripological (NO	It. Registered Agent signature req		27/18
12.	D OFFICERS?	AND DIRECTORS  DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GREENFIELD, MARVIN E		1.2 NAME		
STREET ADDRESS	1201 BRICKELL AVENUE S	TE 210	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-SI-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAME		T outside T wouldness
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C(1) Y - ST - Z(P		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 13 if changed or the analysis.

11-60

**FILED** 

May 06 1998 8:00am

Secretary of State