## 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

DSP F	MENT # on Name INANCIAL IN			7267 (0)							
1 '	ce of Business			Mailing Address							
4520 N.E. 18TH AVENUE SUITE 102				4520 N.E. 18TH AVENUE Suite 102							
FT. LAUDERDALE FL 33334			• •	FT. LAUDERDALE FL 33334				DO NOT WRITE IN THIS SPACE			
							<b>3.</b> D	ate Incorporated or Qualified			
							(	<b>)8/13/1996</b>			
2. Principal F	Place of Business	3	2a.	2a, Mailing Address			<b>4</b> , F	El Number		Ar	pplied For
21			26					65-0686082			ot Applicable
Suite, Apt.	. #, etc.		-	Suite, Apt. #, etc.			<b>5</b> . C	ertificate of Status Desired		<b>+</b>	Additional
City & Sta	te		27	City & State				le de Orac de Erre de			equired
23			}ı	28			I	lection Campaign Financing rust Fund Contribution		•	May Be to Fees
Zip		Country			Countr	Country		his corporation owes or has pa	aid the cu		
24	25		29 30		30			Personal Property Tax due June 30. Yes No			
		d Address of Curr	ent Regist	ered Agent			10. N	ame and Address of New Ro	egistered	Agent	
	irker, Donal				81	Name					
	20 N.E. 18TH /	AVE,.		82			ddress (P.O	. Box Number is Not Accepta	ble)		
SUITE 102					83	ļ					
<del>*</del> 1.	LAUDERDALE	: FL 33334			63						
						City	FL 85 Zip C			Code	
11. Pursuant	to the provisions	s of Sections 607.0	502 and 60	7.1508. Florida Statu	tes, the abov	e-named i	corporation s	submits this statement for the		_ 1 1	ts registered
office or a	registered agent	, <b>or b</b> oth, in the Sta	ite of Floridi	a. Such change was Section 607.0505, F	authorized b	y the corp	oration's boa	ard of directors. I hereby acce	pt the app	pointment as	registered
SIGNATURE	ziii r <b>e</b> atimies viiti,	and accept the ob-	iganoris or,	1,6000.1001.000.00	Orida Otaldio	<b>3</b> .					
SIGNATORE	Signature typed or p	wi <b>ed na</b> n e el registeren a			TE Registered Ag	ent signature i	required when rei	nstating)	TAG		
12.	- B	OFFICERS A	ND DIREC		13.	ı	AD	DITIONS/CHANGES TO OFF	CERS AN		
TITLE	DADVED	OMMIN C		☐ DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	AL ACOM NET ANTIL AND MIN		ITE 102			1.2 NAME					
STREET ADDRESS	ET LAUDEDDALE EL 00					1.3 STREET ADDRESS					
CITY-ST-ZIP	TI. DIODE	TIDITEE I E GOOD		DELETE	1.4 CITY - 1 2.1 TITLE	51-21P				Change	Addition
NAME					2.2 NAME	,					
STREET ADDRESS					2.3 STREE	ADDRESS					
CITY-ST-ZIP					2. 4 CITY -	r					
TITLE				DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREE	ADDRESS					
CITY-ST-ZIP	<u> </u>			——————————————————————————————————————	3.4. CITY-	ST-ZIP					
TITLE				☐ DEL <b>ete</b>	4.1 TITLE						☐ Addition
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREET	- 1					
CITY-ST-ZIP	<del>-</del>			☐ DELETE	4.4 CITY-5 5.1 TITLE	ST-ZIP				Change	Addition
NAME					5.2 NAME					- Gridingo	
STREET ADDRESS					5.3 STREET	ADDRESS					
City-ST-ZIP	1				5.4 CITY - S						
TITLE	-			☐ DELET <b>É</b>	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADDRESS					
CITY-\$T-ZIP					6.4 CITY - 5	S1 - ZIP					

14. Thereby 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 12 or Block 13 if changed, or on an attachment with an address. 9542713821

**FILED** 

Jan 26 1998 8:00am

Secretary of State