## 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 # P96000068990 (6)  MORTY ETGAR, P.A.						
Principal Place		Mailing Address				
1501 VENERA STE #200		1501 VENERA : #200	AVE			
CORAL GABL US	ES FL 33146	CORAL GABLE	S FL 33146			DO NOT WRITE IN THIS SPACE
03		Ų3				3. Date Incorporated or Qualified 08/19/1996
2. Principal P	ace of Business	2a. Mailing Add	ess			4. FEI Number Applied For
21		26				65-0694336 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred
City & State	<del></del>	City & State				B. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<del></del>	Country		8. This corporation owes or has paid the current year Intanciple
24	9. Name and Address of Curre	29	30	<del></del>		Personal Property Tax due June 30. Yes 17No  10. Name and Address of New Registered Agent
FT(	GAR, MORTY C	Trogistor ou Agorit		81	Name	10. Hallo and hadross of Not hogistated Agent
	O1 VENERA AVE			82	Street	Address (P.O. Box Number is Not Acceptable)
	E <b>#2</b> 00					Addieso (1.0. Box (Village) to 140(1/000ptable)
CO	RAL GABLES FL 33146			83		
				84	City	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Flori e of Florida. Such char gations of, Section 607	da Statutes, the nge was authoria .0505. Florida S	above red by latutes	e-named the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typind or printed name of registricid a	end and title if applicable	(NO1E: Registe	red Agn	rnt signature	required when reinstating) DATE
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD Etgar, Morty			TITLE		Change Addition
NAME STREET ADDRESS	1501 VENERA AVE, #200		ſ	NAME	ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL			CITY-S		
TITLE		□ D		TITLE		☐ Change ☐ Addition
NAME			2.2	NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE				TITLE	ST-ZIP	Change Addition
NAME		ں سے		NAME	ł	Change Montreal
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			3.4	CITY-S	3T- ZIP	
TITLE		D	LETE 4.1	TITLE		Change Addition
NAME .				2 NAMÉ		
STREET ADDRESS CITY-ST-ZIP				STREET CITY-S	ADDRESS	
TITLE				TITLE	1-211	Change Addition
NAME				NAME		
STREET ADDRESS			5.3	STREE T	ADDRESS	}
CITY-ST-ZIP	_ <del>_</del>			CITY-S	T - ZIP	
TITLE		⊔ D		TITLE	]	Change Addition
NAME STREET ADDRESS				NAME	*DDBLCC	
OTTLEET AUDITESS			6.3	SIMEE]	ADDRESS	

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 trusted 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.

SIGNATURE:

**FILED** 

May 07 1998 8:00am

Secretary of State