## 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 # P96000075276 (1)

JOSHUA F. BECKER, P.A.

## **FILED** Mar 26 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |  |   |  |  |                         | -  | # <b>         </b>                      | A FIVEL TOE          | 10 BIAI 1081         |  |
|--|--|---|--|--|-------------------------|--|---|----------------------|----------------------|--|
| 2850 EVANS<br>HOLLYWOOD  |  | 2850 EVANS STREET<br>HOLLYWOOD FL 33020   |  |  |                         | DO NOT WRITE   | IN THIS SPAC                            | Œ                    |                      |  |
|  |  |   |  |  |                         | 3. Date Incorporated or Qualified 09/09/1996   |   | •••                  |                      |  |
| 2. Principal P   | ace of Business  | 2a. Mailing Address   | lailing Address                        |  |                         | 4. FEI Number  |   | Ар                   | plied For            |  |
| 21   |  | 28  | 28                                     |  |                         | 65-0699001   |   | Not Applicable       |                      |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.   | 7                                      |  |                         | Certificate of Status Desired  | <u> </u>                                | <b>8.75</b> A Fee Re | Additional<br>quired |  |
| City & State   | 9  | City & State  | 8                                      |  |                         | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |   |                      |                      |  |
| Zip  |  |   | Coun                                   | • co. por autor  |                         | 1 '  | or has paid the current year Intangible |                      |                      |  |
| 24   | 25   29   30  <br>9. Name and Address of Current Registered Agent  |   |  | Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent |                         |  |   |                      |                      |  |
|  | CKER, JOSHUA F   | rent Registered Agent   |  | B1 Na  | me                      | 1U. Name and Address of New Hes  | istered Ager                            | <u>n</u>             |                      |  |
|  | _  |   |  |  |                         |  |   |                      |                      |  |
|  | 50 EVANS STREET<br>DLLYWOOD FL 33020   |   | L                                      | 32 Str   | et Addres               | t Address (P.O. Box Number is Not Acceptable)  |   |                      |                      |  |
|  |  |   | '                                      | 23   |                         |  |   |                      |                      |  |
|  |  |   |  | 34 Cit   |                         |  | FL 85                                   |                      |                      |  |
| 11. Pursuant to office or reagent. La  | to the provisions of Sections 607.0<br>egistered agent, or both, in the St<br>m familiar with, and accept the ob | 0502 and 607.1508, Florida Statute<br>ate of Florida, Such change was a<br>Iligations of Section 607.0505, Flor | is, the ab-<br>uthorized<br>rida Statu | ove-nan<br>by the<br>tes.  | ied corpo<br>corporatio | oration submits this statement for the po<br>on's board of directors. I hereby accep | urpose of cha<br>tithe appointm         | nent as              | registered           |  |
| SIGNATURE  | 1/ornus 7.   | Berlie  |  |  |                         |  | 3/19                                    | 190                  | <u>r  </u>           |  |
| Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registere  12. OFFICERS AND DIRECTORS  13. |  |   |  |  | ature required          | d when reinstating) ADDITIONS/CHANGES TO OFFIC                                       | DATE .                                  | ECTOR                | S IN 12              |  |
| TITLE  | D OFFICERS   | DELETE  | 1.1 TITL                               | F  |                         | ADDITIONS/CHANGES TO OFFIC   |   | Change               | Addition             |  |
| NAME /   | BECKER, JOSHUA F   |   | 1.2 NAM                                |  |                         |  |   |                      |                      |  |
| STREET ADOLESS   | 2850 EVANS STREET  |   | 1                                      | EET ADDRE  | ss                      |  |   |                      |                      |  |
| CITY-ST-ZIP  | HOLLYWOOD FL 33020   |   | 1                                      | r-ST-ZIP   |                         |  |   |                      |                      |  |
| TITLE  |  |   | _                                      | 2.1 TITLE  |                         |  |   | Change               | Addition             |  |
| NAME   |  |   | 2.2 NAM                                |  |                         |  |   |                      |                      |  |
| STREET ADDRESS   |  |   | 2.3 STR                                | EET ADDRE  | ss                      |  |   |                      |                      |  |
| CITY-ST-ZIP  |  |   | 2.4 CIT                                | Y - ST - ZIP   |                         |  |   |                      |                      |  |
| TITLE  |  | ☐ DELETE  | 3.1 TITL                               | E  |                         |  |   | Change               | ☐ Addition           |  |
| NAME   |  |   | 3.2 NA                                 | Æ  | Ì                       |  |   |                      |                      |  |
| STREET ADDRESS   |  |   | 3.3 STR                                | EET ADDRE  | ss                      |  |   |                      |                      |  |
| CITY-ST-ZIP  |  |   | _                                      | Y-ST-ZIP   |                         |  | ·····                                   |                      |                      |  |
| TITLE  |  | ☐ DELETE  | 4.1 TITL                               |  |                         |  | ш                                       | Change               | Addition             |  |
| NAME   |  |   | 4. 2 NA                                |  |                         |  |   |                      |                      |  |
| STREET ADDRESS   |  |   | 1                                      | EET ADDRE  | SS                      |  |   |                      |                      |  |
| CITY-ST-ZIP  |  | DELETE  |  | ·ST-ZIP  | $\dashv$                |  |   | Change               | Addition             |  |
| TITLE  |  |   | 5.1 1111                               |  |                         |  | ш'                                      | Jilaliye             | Addition             |  |
| NAME   |  |   | 5.2 NA                                 |  |                         |  |   |                      |                      |  |
| STREET ADDRESS   |  |   | - 1                                    | EET ADDRE  | SS                      |  |   |                      |                      |  |
| CITY-ST-ZIP  |  | ☐ DELETE  | 5.4 CIT<br>6.1 TITL                    | /-ST-ZIP   | -                       | <del></del>  |   | Change               | Addition             |  |
| TITLE  |  | L bettie  |  |  |                         |  |   | nieni <b>j</b> o     | NULLION              |  |
| NAME<br>ATREST LODGES  |  |   | 6.2 NA                                 |  |                         |  |   |                      |                      |  |
| STREET ADDRESS   |  |   |  | EET ADDRE  | 55                      |  |   |                      |                      |  |
| CITY-ST-ZIP  |  |   | 6.4 CIT                                | r-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 suppliemental 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.