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 # P96000

FILED

May 07 1998 8:00am

Secretary of State

| NEULA | ND PROFESSIONAL ONCE | IID GUOWENS, INC. | | | |
|---|--|-----------------------------------|---------------------|--|--|
| Principal Place of Business Mailing Address | | | | T CONTINUE THE CONTROL OF THE CONTRO | |
| 14400 SW 248 ST 14400 SW 248 ST | | | | | |
| PRINCETON FL 33032 PRINCETON FL 33032 | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | Date Incorporated or Qualified 09/23/1996 |
| 2. Principal P | lace of Business | 2a. Maifing Address | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | 26 | | | 65-0697308 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | 27 | | | Fee Required |
| City & State | e | City & State | | | Election Campaign Financing \$5.00 May Be |
| 23 | - | 28 | T 6: | | Trust Fund Contribution |
| Zip | Country | Zip | Coun | try | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| P.4 | 9. Name and Address of Curre | ur usālstatān Wāsur | | 1 Name | |
| PAROALL RODERI | | | | | |
| | | | | 2 Street | et Address (P.O. Box Number is Not Acceptable) |
| HC | DMESTEAD FL 33031 | | l _a | 13 | |
| | | | 1 | ~ | |
| | | | | 4 City | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag | ent and fills if applicable (NO | TE Registered / | oent signature | Ure required when reinstating) DATE |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | 1.1 TITL | E | Change Addition |
| NAME | Bretsnyder, Lynn | | 1.2 NAM | E | Jose L. EXPOSITO 15851 S.W. 198 AVE. |
| STREET ADDRESS | 14400 SW 248 ST | | 1.3 STR | ET ADDRESS | 15851 S.W. 198 AVE. |
| CITY-ST-ZIP | PRINCETON FL 33032 | | 1.4 CITY | -ST-ZIP | Miami. F) 33187 |
| TITLE | ס | DELETE | 2.1 TITL | | ☐ Change ☐ Addition |
| NAME | PETERS, BILL | | 2.2 NAM | E | |
| STREET ADDRESS | 18755 SW 248 ST | | 2.3 STA | ET ADDRESS | s |
| CITY-ST-ZIP | HOMESTEAD FL | | 2. 4 CIT | -ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 T(TL | · | Change Addition |
| NAME | RANDALL, ROBERT | | 3.2 NAM | E | |
| STREET ADDRESS | 26505 SW 203 AVE | | 3.3 STRE | ET ADDRESS | s |
| CITY-ST-ZIP | HOMESTEAD FL 33031 | | 3.4. CIT | -ST-ZIP | |
| TITLE | TD | ☐ DELETE | 4.1 TITU | · | ☐ Change ☐ Addition |
| NAME | CAMERON, KEN | | 4. 2 NAA | AE | |
| STREET ADDRESS | 26620 SW 203 AVE | | 4.3 STR | ET ADDRESS | S |
| CITY-ST-ZIP | HOMESTEAD FL 33031 | | | -ST-ZIP | |
| TITLE | D DATE OF THE PARTY OF THE PART | ☐ DELETE | 5.1 TITE | | Change |
| NAME | BALDAN, BARBARA | | 5.2 NAM | | |
| STREET ADDRESS | 20075 SW 10 AVE | | • | ET ADDRESS | S |
| CITY-ST-ZIP | HOMESTEAD FL 33187 | | _ | -ST-ZIP | |
| TITLE | VO | ☐ DELETE | 6.1 TITLI | | ☐ Change ☐ Addition |
| NAME | MOTES, MARTIN | | 6.2 NAM | | |
| STREET ADDRESS | 25000 SW 162 AVE | | | ET ADORESS | S |
| CITY-ST-ZIP | HOMESTEAD FL | with this filing class and sur-18 | | -ST-ZIP | Lated in Section 119.07(3)(i), Florida Statutes. I further certify that the information |
| III I I I I I I I I I I I I I I I I I | ADDITION THAT THE THEORETHADOR SUDDINGO V | viet ans minu goes not quality t | опинети | INTION STATE | Med Brigoculotti i Paluttajtij, Fiorida Statules. I lutther Cerniy that the Information |

Thereby setury that the information supplied with this tining does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or supplimental 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 recoiver 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 anjutantment with an address.

SIGNATURE:

4/20/98

(305)246-2473