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

P96000079029 (0) DOCUMENT #
1. Corporation Name

FILED Mar 03 1998 8:00am Secretary of State

JEVVE	LO BY ALC	:XIS, INC								
Principal Plac	ce of Business		Ma	iling Address		_		- 1 160(160) (10 10):0 0):11 00):1 00):1 00:11 00:11	ADAD 18119 DB140 .	1(818 (811 1481
3050 OAKWOOD PLAZA 3050 OAKWOOD PLAZA										
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020										
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 09/23/1996		
2. Principal Place of Business 2a. Mailing Address								4. FEI Number	A	Applied For
21			26					65-0697871		Not Applicable
Suite, Apt.	. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22 27 City & State City & State								or continuate or curtae becomes	Fee F	Required
	te		├ ─┐	City & State				6. Election Campaign Financing		0 May Be
23 Zin	Zip Country		28	Zip Country				Trust Fund Contribution		to Fees
24	25		29	¬ '		ılı y		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
		and Address of Curr	ent Registe	ered Agent	30]			Personal Property Tax due June 30. 10. Name and Address of New Registered		No
K/	AUFMAN, DA					91	Name	10. Hamb and Madroop of Hon (109:010)	- Agoin	
6360 SW 84TH ST										
MAMI FL 33143-8029						B2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
""					i,	B3				
					_					
					4	B4 (City	FI	85 Zip	Code
11. Pursuant	to the provision	ins of Sections 607.05	02 and 607	7.1508, Florida Statu	es, the abo	ove-r	named corpo			its registered
office or i	registered age am familiar with	nt, or both, in the State	le of Florida gations of t	 Such change was Section 607 0505. FI 	authorized	by th	he corporatio	ration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as	s registered
SIGNATURE		, and assopt the co.	gation a on	0000001100710000,111	Oriou blate	100.				
SIGNATURE	Signature, typed o	r printed name of registered a	gent and title if	applicable (NO)	E: Registered	Agent I	signature required	when reinstating) DATE		
12.		OFFICERS A	ND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	511 ALLABATO		☐ DELETE	1.1 TITE	E.			Change	Addition
NAME	AREA MANUAMA DI ATA			1.2 NAM						
STREET ADDRESS					1.3 STA	eet ad	DRESS			
CITY-ST-ZIP	I	OOD FL 33020			1.4 CITY	/-ST-2	ZIP			
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CITY-ST-ZIP	NULLTW	00D FL 33020			2.4 CIT		ZIP		·	
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STREET ADDRESS					3.3 STRE	EET AD	IDRESS			ł
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NAME Oversy appeara					5.2 NAM					
STREET ADDRESS					5.3 \$TRE					
CITY-ST-ZIP				Drutte	5.4 CITY		'IP		T10:	
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NAME					62 NAM					
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CITY-ST-ZIP			20 10 1 200	· . · · · · · · · · · · · · · · · · · ·	6.4 City	·ST-Z	IP .		·	

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

Maillas