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 # P96000079141 (3)

FILED Mar 10 1998 8:00am Secretary of State

BIZPRO CORP.				A PROPERE NEW YOUR ALLES MOUTH BOLLS BRITE BOLLS BOLLS BOLLS FOR EL	KAN BITAH MAT MAT		
Principal Place of Business	Mailing Address		-		- 4 FEELDER EIG JOHO OKUL ODUH DOUN OENH ODUN 19646 1976 1	IFO I DIGUE IFO TUDI	
780 CITRUS PL 780 CITRUS PL							
WELLINGTON FL 33414 WELLINGTON FL 33414							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
	Ta- Mailing Address				09/23/1996 4. FEI Number	Applied For	
2. Principal Place of Business 2a. Mailing Address					65-0702780	Not Applicable	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						.75 Additional	
						ee Required	
27					<u> </u>	5.00 May Be	
23 28			Trust Fund Contribution Added to Fees				
Zip Country				,	8. This corporation owes or has paid the current ye	ear Intangible	
24 25	29	30			Personal Property Tax due June 30. Yes		
9. Name and Address of Current	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
KAHN, MIGUEL			81	Name		i	
780 CITRUS PL			82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
WELLINGTON FL 33414			5) Silest Addit		is the particular in the property		
			83			-	
			84	City	ama 85	Zip Code	
			1 1	['	╊LÌ		
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove	e-named corpo	oration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointment	ging its registered	
office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligat	f Florida. Such change was ons of, Section 607.0505, Fi	authorize Iorida Sta	id by lutes	y the corporatio s.	on's board of directors. I hereby accept the appointment	ent as registered	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Age	ent signature required			
12. OFFICERS AND		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	· —		ITLE			hange L. Addition	
NAME KAHN, MIGUEL			1.2 NAME			į.	
**************************************	100 0111100 10		TREET	ADDRESS		}1	
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			AME	ŀ			
	***		TREET	ADDRESS			
CITY-ST-ZIP WELLINGTON FL			2. 4 CITY-ST-ZIP			Anna Maria	
TITLE			ITLE			hange	
NAME		3.2 N					
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP				ST-ZIP	Пс	hange Addition	
TITLE	☐ htreif	4.1 TITLE 4. 2 NAME				Manage L. Modition	
NAME							
STREET ADDRESS				ADDRESS			
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TITLE	☐ herei€						
NAME			5.2 NAME 5.3 STREET ADDRESS			1	
STREET ADDRESS						1	
CITY-ST-ZIP				ST-ZIP		hange Addition	
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NAME	∐ DELETE	6.2 N	AME	, ADDOCCC		Lange	
STREET ADORESS CITY-ST-ZIP	☐ DELETE	6.2 N 6.3 S	IAME TREET	T ADORESS ST - ZIP		Ango Division	

4. 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 responsive 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 emporation 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, of on an attachment with an address.

(1)373-5131