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 # P96000081448 (

FILED Feb 26 1998 8:00am Secretary of State

1. Corporatio	n Name	UU01446 (0)				
Principal Place of Business Mailing Address					14 60140 1610 1 1101 0181 6100 1101 1011	
680 S. MILITARY TRAIL 680 S. MILITARY TRAIL						
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33			3442	DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				09/30/1996	ļ	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0701676	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional	
22 27			· — — · · · · · · · · · · · · · · · · ·		Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		[28]			Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has pal	1 -3	
24	25 g. Name and Address of Currer	29 Annt	30]	Personal Property Tax due June 10. Name and Address of New Reg		
1441		The state of the s	81 Name	10.		
WINE, WILLIAM 6735 CANARY PALM CIRCLE BOCA RATON FL 33433			62 Stupe: 63 64 Cily T	Address 60 Baykhumber is Nich Ascapleb BRFIELD BEACH	¶ γ/ (A) (
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,050 egistored agent, or both, in the State im familiar with, and accept the oblig Studiore, typed or protect name of regelered age.	ations of, Section 607.0505, Fi	es, the above-named authorized by the corp orida Statutes. It Registered Agent signature	corporation submits this statement for the pi poration's board of directors. I hereby accept required when reinstating)	urpose of changing its registered of the appointment as registered DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	С	☐ DELETE	1.1 TITLE	LONGITZ DAIL	Change Addition	
NAME	KRADITZ, PAUL		1.2 NAME	KRAVITE PAUL		
STREET ADDRESS	680 S. MILITARY TRAIL		1.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP			
TITLE	CFO	DELETE	2.1 TITLE	WINE, WILLIAM	Change	
NAME	WINK, WILLIAM		2.2 NAME	MINE		
STREET ADDRESS	680 S. MILITARY TRAIL		2.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		2 4 CITY-ST-ZIP			
TITLE	P	☐ DELETE	3 1 TITLE		Change Addition	
NAME	MITCHELL, PAUL		3 2 NAME			
STREET ADDRESS	680 S. MILITARY TRAIL		3 3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		3.4. CITY - ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE1 ADDRESS		i	
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TIFLE		Change Addition	
NAME			5.2 NAME		l	
STREET ADDRESS			5 3 STREET ADDRESS		ļ	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME		l	
STREET ADDRESS			6.3 STREET ADDRESS		l	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14 Lhereby c	certify that the information surrolled w	ith this filing does not qualify t	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I	further certify that the information	

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 eath; 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 atlaction with an address.

SIGNATURE:

10 MAILLIA

2/14/98

954-425-7793