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CORPORATION ANNUAL REPORT 1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000082190 (5)

FILED May 01 1998 8:00am Secretary of State

22 City & State City & State 6. Election Campaign Financing 7. Trust Fund Contribution Add 7.	Applied For Not Applicable 75 Additional Required .00 May Be ded to Fees Intangible No Zip Code
PEMBROKE PINES FL 33029 PEMBROKE PINES FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1996 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2f. City & State 2f. City & State 2g. Country 2g. Country 2g. Country 2g. Country 2g. Suite, Apt. #, etc. 2g. Country 2g. Country 2g. Country 2g. Country 2g. Country 2g. Suite, Apt. #, etc. 2g. Country 2g. Country 2g. Country 2g. Country 2g. Country 2g. Suite, Apt. #, etc. 2g. Suite, Apt. #, etc. 5. Certificate of Status Desired Sp. \$8.7 Fet. 5. Certificate of Status	Not Applicable 75 Additional the Required .00 May Be ded to Fees ar Intangible No
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PEMBROKE PINES FL 33029 83 84 City FL 85	Zip Code
83	Zip Code
	Zip Code
44 Directant to the provisions of Captions 607 0602 and 607 1509 Elevida Citatutes, the above named corneration submits this statement for the purposes of changing	
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 office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. If hereby accept the appointment agent, I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.	ng its registered it as registered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	,
SIGNATURE Signature: byted or printed house of registered agent and trile if applicable (NOTE Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TORS IN 12
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-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 suppremental annual report is true and accorate and that my signature shall have the same legal effect as it made under dath; that I am a officer or director of the corporation or this 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