## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 20 1998 8:00am Secretary of State

|  | 1990  | TIP DIVISION OF   | OOM OFFICE                       |                       |   |                               |                            |
|--|---|---|----------------------------------|-----------------------|---|-------------------------------|----------------------------|
|  | MENT # P960(<br>& MOTT, INC.  | 00085179 (5   | )                                | -                     |   |                               | #15                        |
|  |   |   |                                  |                       |   |                               |                            |
| Principal Place of Business Mailing Address          |   |   |                                  |                       |   |                               | E16 1611 1461              |
| 3031 GARFIELD ST 3031 GARFIELD ST HOLLYWOOD FL 33021 |   |   |                                  |                       |   |                               |                            |
| HOLLIWOO   | D FL 33021  | HOLLYWOOD FL 33021  |                                  |                       | DO NOT WRITE IN THIS  | SPACE                         |                            |
|  |   |   |                                  |                       | 3. Date Incorporated or Qualified   |                               |                            |
| i  |   |   |                                  |                       | 10/14/1996  |                               | l                          |
| 2. Principal i                                       | 2. Principal Place of Business 2a. Mailing Address                            |   |                                  |                       | 4. FEI Number   | Ar                            | oplied For                 |
| 21 26  |   |   |                                  |                       | 65-0705660  | No                            | ot Applicable              |
| Suite, Apt. #, etc. Suite, Apt. #, etc.              |   |   |                                  |                       | 5. Certificate of Status Desired  | T                             | Additional                 |
| 27   |   |   |                                  |                       |   |                               | equired                    |
| City & Sta   | —   |   |                                  |                       | 6. Election Campaign Financing  | \$5.00                        |                            |
| Zip  | Country   | <b>28</b> Zip   | Country                          |                       | Trust Fund Contribution   | Added                         |                            |
| 24   | 25  | 29  | 30                               |                       | <ol> <li>This corporation owes or has paid the cu<br/>Personal Property Tax due June 30.</li> </ol>           | _                             | angible<br>No              |
| <del></del>  | 9. Name and Address of Curr   |   | 100                              |                       | 10. Name and Address of New Registered  |                               |                            |
| P  | OON, EN-LEA   |   | 81                               | Name                  |   |                               |                            |
| 3031 GARFIELD ST                                     |   |   |                                  | Street A              | ddress (P.O. Box Number is Not Acceptable)  |                               |                            |
| HOLLYWOOD FL 33021                                   |   |   | 82                               | OU OO! FA             | adress (F.S. Dex 144 meet 15 140 Acceptable)  |                               |                            |
|  |   |   | 83                               |                       |   |                               |                            |
|  |   |   | 84                               | City                  |   | <b>85</b> Zip I               | Code                       |
|  |   |   |                                  | •                     | FL  | .     '                       | I                          |
| 11. Pursuant<br>office or                            | to the provisions of Sections 607.05<br>registered agent, or both, in the Sta | 502 and 607.1508, Florida Statu<br>te of Florida. Such change was | ites, the above<br>authorized by | -named c<br>the corpo | orporation submits this statement for the purpose or<br>oration's board of directors. I hereby accept the app | f changing it<br>pointment as | s registered<br>registered |
| agent. 1 a   | am familiar with, and accept the obli   | igations of, Section 607.0505, F                                  | lorida Statutes.                 |                       |   |                               |                            |
| SIGNATURE  | Signature, typed or printed name of registered a                              | roent and title if applicable //NC                                | TE Pagistared Ages               | d pignahira ra        | equired when reinstaling) DATE  |                               |                            |
| 12.  |   | ND DIRECTORS  | 13.                              | i oigi iata a re      | ADDITIONS/CHANGES TO OFFICERS ANI   | DIRECTOR                      | S IN 12                    |
| TITLE  | T D   | DELETE 1  |                                  | . ]                   | P   | X Change                      | Addition                   |
| NAME   | POON, EN-LEA  |   | 1.2 NAME                         | j                     |   |                               |                            |
| STREET ADDRESS                                       | 3031 GARFIELD ST  |   | 1.3 STREET A                     | ADDAESS               |   |                               | li li                      |
| CITY-ST-ZIP  | HOLLYWOOD FL 33021  |   | 1.4 CITY-ST                      | - ZIP                 |   |                               |                            |
| TITLE  | •   | DELETE DELETE   |                                  |                       | ·   | ☐ Change                      | Addition (                 |
| NAME   | POON, KATHERINE   |   | 2.2 NAME                         | 1                     |   |                               | }                          |
| STREET ADDRESS                                       | 3031 GARFIELD ST<br>HOLLYWOOD FL 33021  |   | 2.3 STREET A                     | Į.                    |   |                               | ļ                          |
| CITY-ST-ZIP<br>TITLE                                 |   |   | 2. 4 CITY - ST<br>3.1 TITLE      | r-ZIP                 |   | Change                        | Addition                   |
| NAME   |   |   | 3.1 IIICE                        |                       |   |                               |                            |
| STREET ADDRESS                                       |   |   | 3.3 STREET A                     | ODBESS                |   |                               | }                          |
| CITY-ST-ZIP  |   |   | 3.4. CITY-ST                     |                       |   |                               | İ                          |
| TITLE  |   | ☐ DELE <b>TE</b>  | 4.1 TITLE                        |                       |   | Change                        | Addition                   |
| NAME   |   |   | 4. 2 NAME                        | -                     |   |                               |                            |
| STREET ADDRESS                                       |   |   | 4.3 STREET A                     | DDRESS                |   |                               |                            |
| CITY-ST-ZIP  |   |   | 4.4 CITY-ST                      | - ZIP                 |   |                               |                            |
| TITLE  |   | ☐ DELETE  | 5.1 TITLE                        |                       |   | Change                        | Addition                   |
| NAME   |   |   | 5.2 NAME                         |                       |   |                               |                            |
| STREET ADDRESS                                       |   |   | 5.3 STREET A                     | DORESS                |   |                               |                            |
| CITY-ST-ZIP  |   | T bereze  | 5.4 CITY-ST                      | ZIP                   |   | T 1 01                        | A = 200                    |
| TITLE  |   | DELETE  | 6.1 TITLE                        |                       |   | ☐ Change                      | ☐ Addition                 |
| NAME   |   |   | 6.2 NAME                         |                       |   |                               |                            |
| STREET ADDRESS                                       |   |   | 6.3 STREET A                     | - 1                   |   |                               | -                          |
| CITY-ST-ZiP  | certify that the information supplied   | with this filling close not gualified                             | 6.4 CITY-ST-                     |                       | in Section 119 07/3/(i) Florida Statutes Liurther or  | rtifu that the                | information                |

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 dicated on this annual report or supplied ontal annual report is true and a course and that my signature shall have the same legal effect as if made under eath; that I am an error director of the conforation of the conforati

IDE. Of the first the state of 