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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State

## Sandra B. Mortham DIVISION OF CORPORATIONS

## **FILED** Apr 21 1998 8:00am Secretary of State

	MENT # P960( ORSEY GROUP, INC.	00095417 (	7)				
Principal Place of Business Mailing Address					1 1981) 884 919 9140 8141 8841 8841 8841 9844	H BOND IDION DANG UND	01 (1011 1001 10 <b>0</b> 1
354 COCONUT CIR. 354 COCONUT CIR.							
FT LAUDERDALE FL 33326 FT LAUDERDALE I		33326		DO NOT WRITE	IN THIS SOACE		
US		US			3. Date Incorporated or Qualified	IN IMIS SPACE	
					11/18/1996		ļ
2, Principal P	Place of Business	2a. Mailing Address			4, FEI Number		Applied For
21 26					65-0718541		Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired		75 Additional
City & Stat		City & State			<u> </u>	<del></del>	e Required
23 28 28					Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid		
24	25	29	30		Personal Property Tax due June 3	30. Yes	□ No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	gistered Agent	
	HNEIDER, LAZ L O NE 3RD AVE STE 400		81   1	lame			ļ
		82 S	treet Addr	ess (P.O. Box Number is Not Acceptable	le)		
FT		83	<del></del>				
			84 0	ity		FL  85	Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 607.1508, Florida S ate of Florida Such change v ligations of, Section 607.050	tatutes, the above-na vas authorized by the 5, Florida Statutes.	amed corp e corporal	poration submits this statement for the pulion's board of directors. I hereby accept		ng its registered t as registered
SIGNATURE	Total Control		(NOTE Registered Agent si			547	
12.	Signature, typed or profed name of registered agent and title if applicable (NOT OF FICERS AND DIRECTORS			gnature requir	ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIREC	TORS IN 12
TITLE	DP	DELETE	1,1 TITLE			☐ Char	
NAME	DORSEY, TIMOTHY		1.2 NAME	ļ			Ţ
STREET ADDRESS	354 COCONUT CIR		1,3 STREET ADD	AESS			
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY - ST - ZI	P			
TITLE		☐ DELETE	1			Chan	nge [ ] Addition [
NAME			22 NAME	]			)
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CITY-ST-ZIP TITLE	<u> </u>	DELETE	5.4 CITY - ST - ZH			☐ Chan	nge Addition
NAME	!	0000	6.2 NAME	{			
STREET ADDRESS			63 STREET ADD	RESS			1
CITY-ST-ZIP			6.4 CITY - ST - ZI	- 1			

14. I hereby certify that the information supplied with this filing doos 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.

SIGNATURE: TR