## 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 # P96000096206 (3)

GREAT OPPORTUNITIES, INCORPORATED

| GILAI   | OFFORTUNITIES, INCOR                             | FUNATED                     |                       |                                       |  |                                  |
|---|--|-----------------------------|-----------------------|---------------------------------------|--|----------------------------------|
| Principal Plac  | e of Business                                    | Mailing Address             |                       | · · · · · · · · · · · · · · · · · · · | ( implatăt tin ințin niții anțit astit astit antit | IÀILE BILLE JIDIL ABILE MILLIBEL |
| 793Q NW 361   | TH ST  | 7930 NW 36TH \$1            | T.                    |                                       |  |                                  |
| 23-107  |  |                             |                       |                                       | DO NOT WRITE IN TH                                 | IG GDACE                         |
| MIAMI FL 33166   MIAMI FL 33166   US   US   US   US   US   US   US  |  |                             |                       |                                       | 3. Date Incorporated or Qualified                  | 13 SPACE                         |
| 00  |  | 00                          |                       |                                       | 11/26/1996   |                                  |
| 2. Principal P  | lace of Business                                 | 2a. Mailing Addres          | 19                    |                                       | 4. FEI Number                                      | Applied For                      |
| 21  |  | 26                          |                       | 65-0709647                            | Not Applicable                                     |                                  |
| Sulte, Apt. #, etc.   |  | Suite, Apt. #, etc.         |                       |                                       | \$8.75 Additional                                  |                                  |
| 22  |  | 27                          | <del> </del>          |                                       | 5. Certificate of Status Desired                   | Fee Required                     |
| City & State  |  | City & State                |                       | 6. Election Campaign Financing        | \$5.00 May Be                                      |                                  |
| 23  |  | 28                          |                       | Trust Fund Contribution               | Added to Fees                                      |                                  |
| Zip   | Country  | Zip                         | Country               |                                       | 8. This corporation owes or has paid the           | current year Intangible          |
| 24  | 25   | 29                          | 30                    |                                       | Personal Property Tax due June 30.                 | Yes X No                         |
|   | 9. Name and Address of Curre                     | ant Registered Agent        |                       |                                       | 10. Name and Address of New Register               | ed Agent                         |
| FL  | ORIDA INCORPORATORS, INC.                        | •                           | 81                    | Name                                  |  |                                  |
| 1221 <b>B</b> RICKELL AVENUE  |  |                             | 82                    | Street Addre                          | ess (P.O. Box Number is Not Acceptable)            |                                  |
|   | ITE 900  |                             | [**]                  | Ollout Mount                          | (1.0. box Hamber is Not Neceptable)                |                                  |
|   | AMI FL 33131                                     |                             | 83                    |                                       |  |                                  |
|   |  |                             | 24                    | 0.1                                   |  | last za osa                      |
|   |  |                             | 84                    | City                                  | F  | 85 Zip Code                      |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor  |  |                             |                       |                                       | oration submits this statement for the purpose     | of changing its registered       |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |                             |                       |                                       |  |                                  |
|   | Tallings (Title and addopt the only              | gatoric or, coodori cor to  | oo, Honda olalotee.   |                                       |  |                                  |
| SIGNATURE   | Signature, typed or printed name of registered a | gout and telp if applicable | (NOTE Registered Agen | s-gnature require                     | ed when reinstating) DATI                          |                                  |
| 12.   |  | ND DIRECTORS                | 13.                   |                                       | ADDITIONS/CHANGES TO OFFICERS A                    | ND DIRECTORS IN 12               |
| TITLE   | DPTS   | ☐ DELE                      | TE 1.1 TITLE          |                                       | •  | Change Addition                  |
| NAME  | LANE, JEFFREY D                                  |                             | 1.2 NAME              |                                       |  |                                  |
| STREET ADDRESS  | <b>79</b> 30 NW 38TH ST. 23-107                  |                             | 1.3 STREET A          | DDRESS                                |  |                                  |
| CITY-ST-ZIP   | MIAMI FL   |                             | 1.4 CITY - ST         | ZIP                                   |  |                                  |
| TITLE   | DELETE 2.1                                       |                             | TE 2.1 TITLE          |                                       |  | ☐ Change ☐ Addition              |
| NAME  |  |                             | 2.2 NAME              |                                       |  |                                  |
| STREET ADDRESS  |  |                             | 2.3 STREET A          | DDRESS                                |  |                                  |
| CITY-ST-ZIP   |  |                             | 2. 4 CITY - ST        | - ZIP                                 |  |                                  |
| TITLE   |  | ☐ DELE                      | TE 3.1 TITLE          | T                                     |  | ☐ Change ☐ Addition              |
| NAME  |  |                             | 3.2 NAME              |                                       |  |                                  |
| STREET ADDRESS  |  |                             | 3.3 STREET A          | DDRESS                                |  |                                  |
| CITY-ST-ZIP   |  |                             | 3.4. CITY - ST        | - ZIP                                 |  |                                  |
| TITLE   |  | ☐ DELE                      | TE 4.1 TITLE          |                                       | <del></del>  | Change Addition                  |
| NAME  |  |                             | 4. 2 NAME             |                                       |  |                                  |
| STREET ADDRESS  |  |                             | 4.3 STREET A          | DDRESS                                |  |                                  |
| CITY-ST-ZIP   |  |                             | 4.4 CITY - ST         | ZIP                                   |  |                                  |
| TITLE   |  | DELE                        | TE 5.1 TITLE          |                                       |  | Change Addition                  |
| NAME  |  |                             | 5.2 NAME              |                                       |  |                                  |
| STREET ADDRESS  |  |                             | 5.3 STREET A          | DDRESS                                |  |                                  |
| CITY-ST-ZIP   |  |                             | 5.4 CITY-ST           | ZIP                                   |  |                                  |
| TITLE   |  | ☐ DELE                      | TE 6.1 TITLE          |                                       |  | Change Addition                  |
| NAME  |  |                             | 6.2 NAME              |                                       |  |                                  |
| STREET ADDRESS  |  |                             | 6.3 STREET A          | DDRESS                                |  |                                  |
| OUTLY AT THE  |  |                             |                       |                                       |  |                                  |

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 excurate 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.

1/2/00

Por 201 01/21/

**FILED** 

May 15 1998 8:00am

Secretary of State