## 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

,	1998	DIV	ISION OF COR	PORATIONS	Scoretai	y OI		at C	
DOCUI 1. Corporation		0098580 Es, INC.	6 (6)				Augustani	A Bass open.	
Principal Place	e of Business	Mailing Addre				1 8 0 LIS (BIB) 1859)			
5500 NORTHWEST 21ST TERRACE 5500 NORTHWEST 21ST T				RACE					
BUILDING 27.	OFFICE EAST	BUILDING 27	. OFFICE EAST		DO NOT WOLFE	INI TUUD ODAO	_		
FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 333				5	DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SPACE	<u></u>		٦
					12/04/1996				1
2. Principal P	lace of Business	2a. Mailing Ad	ddress		4. FEI Number		Apr	olied For	7
21		26			65-0713553		Not	Applicable	]
Suite, Apt.	#, etc.	Suite, Apt	#, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Regulred		
City & State	0	City & Sta	te	· <u> </u>	6. Election Campaign Financing	\$	5.00 N	May Be	1
23		28			Trust Fund Contribution		dded to		1
Zip 24	Country 25	Zip 29	30	Country	8. This corporation owes or has paid Personal Property Tax due June 1		_	ngible No	
	9, Name and Address of Curre	nt Registered Ager	nt		10. Name and Address of New Reg	istered Agent			]
	BB, ROBERT E			81 Name					
4530 NORTH FEDERAL HIGHWAY				82 Street Add	dress (P.O. Box Number is Not Acceptable	e)		<del></del>	1
FI.	LAUDERDALE FL 33308			63					$\dashv$
				84 City		FL 85	Zip C	ode	7
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. FI	orida Statutes, t	the above-named cor	poration submits this statement for the pr		ging Its	registered	4
office or re	egistered agent, or both in the State	of Morida, Such of	nango was auth	orized by the corpora	poration submits this statement for the partion's board of directors. I hereby accep	the appointment	ent as r	egistered	
SIGNATURE			TRES	ر د	2	49/98	7		1
SIGNATURE	Signature, and or property partie of residential	of nod the diapplication	(NOTE Be	gistered Agent signature requ		DATE			اد
12.		AD DHIR GLOUS	DELETE	13.	ADDITIONS/CHANGES TO OFFICE				2
TITLE	PD ONIMUS, JOSEPH L	L	DETELE	1.1 YITLE		<b>□</b> c	nange	Addition	5
NAME	8586 TOURMALINE BLVD.			1.2 NAME 1.3 STREET ADDRESS					18
STREET ADDRESS	BOYNTON BEACH FL 33437	•		1.4 CITY-ST-ZIP					S S
City-St-ZIP TITLE	VSD		DELETE	21 TITLE			hange	Addition	15
NAME	ONIMUS, JANICE F			2.2 NAME			-		ĺ
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CITY-ST-ZIP	BOYNTON BEACH FL 33437	•	l	2 4 CITY-ST-ZIP					1
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STREET ADDRESS				3.3 STREET ADDRESS					
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NAME		لسا	201116	5.2 NAME		,, U	MINE		ĺ
STREET ADDRESS				5.3 STREET ADDRESS					
				54 CITY-ST-ZIP					1
CITY - ST - ZIP		·- ·	DELLIE	547015				Addition	┨

14. Thereby 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 arrival report or supplemental enhant 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 of trustee empowers 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 any magnetic product of the corporation of the receiver of the receiver

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

3/09/98

**FILED** 

Mar 13 1998 8:00am

Secretary of State

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