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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000098977 (7)

REPUBLIC ENTERPRISES INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Disa	o of Pusinnes	Mailing Address		
10340 CYPRESS COURT WEST 10340 CYPRESS COURT WEST PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026				
FEMIDITURE PHES PL SOCO PEMBITURE PHYES PL			L SALED	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				12/05/1996
2. Principal Place of Business 2a. Mailing Add		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0714248 Not Applicab
Suite, Apl. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State	0	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution Added to Fees
24 Zip		Ζιρ	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25 9. Name and Address of Curr	29 ent Registered Agent	[30]	10. Name and Address of New Registered Agent
	AIZ. STEVE		81 Name	
	AIZ, STEVE 0340 CYPRESS COURT WEST	ı		
	USAU CTPRESS COURT WEST EMBROKE PINES FL 33026		82 Street A	Address (P.O. Box Number is Not Acceptable)
•	EMONUNE FINCO FL 33020		83	
			64 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Stat	utes, the above-named	corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registered OFFICERS A	agent and the if applicable (N ND DIRECTORS	OTE: Registered Agent signature 13.	required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	SAIZ, STEVE		1.2 NAME	
STREET ADORESS	10340 CYPRESS CT. WES		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33		1.4 CITY-ST-ZIP	
THLE		☐ DELETE	2.1 TIYLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY - ST - ZIP	- 1415H
TITLE		DELETE	3 1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP		T priese	3 4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
TITLE		FT NETELE		Change C Admin
NAME			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY+ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
Į.			T. I	change Kuuniu
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADORESS	
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 supplication of the corporation or the property of the corporation or the receiver or the corporation or the receiver or trustee empowerely 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 attribution with an address.

SIGNATURE:

32498 954295549