## 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 # P96000099524 (6) FUNDAMENTAL AVONWOOD MANAGEMENT CORPORATION

## **FILED** Feb 17 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address   |                  |               |                                   |   |                    |        |  |  | AMERIK AMARA BURKA MUNUM KAI | EU AIRE INN                           |
|---|------------------|---------------|-----------------------------------|---|--------------------|--------|--|--|------------------------------|---------------------------------------|
| SUITE 610N  |                  | SUITE 610     | 4000 HOLLYWOOD BLVD<br>SUITE 610N |   |                    |        |  |  |                              |                                       |
| HOLLYWOO  | D FL 33021       | HOLLYWO       | HOLLYWOOD FL 33021                |   |                    |        | DO NOT WRITE IN THIS SPACE                   |  |                              |                                       |
|   |                  |               |                                   |   |                    |        |  | 3. Date Incorporated or Qualified 12/10/1996   |                              |                                       |
| 2. Principal F  | Place of Busin   | 2a. Mailing   | 2a. Mailing Address               |   |                    |        | 4. FEI Number                                | Ar   | oplied For                   |                                       |
| 21  |                  |               | 26                                |   |                    |        |  | 65-0697560   | / N                          | ot Applicable                         |
| Suite, Apt  | . <b>#,</b> etc. |               | Suite, A                          | · • · · · · · · · · · · · · · · · · · · |                    |        |  | 5. Certificate of Status Desired   | 7                            | Additional<br>equired                 |
| City & Sta  | ite              |               | City & S                          | City & State                            |                    |        |  | 6. Election Campaign Financing   | \$5.00                       | May Be                                |
| 23  |                  |               | 28                                |   |                    |        |  | Trust Fund Contribution  |                              |                                       |
| Zip   | -                | Country       | Zip                               | -, <u> </u> , '                         |                    |        |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No  |                              |                                       |
| 24  |                  | 29]           |                                   |   |                    |        | 10. Name and Address of New Registered Agent |  |                              |                                       |
| 9. Name and Address of Current Registered Agent  JAMES, C S   |                  |               |                                   |   |                    |        | Name   | TO, NUMBER AND TO STATE TO STA | torou Agorit                 |                                       |
| 4000 HOLLYWOOD BLVD   |                  |               |                                   |   | L                  |        |  |  |                              |                                       |
|   | UITE 610N        | COD DEID      |                                   |   |                    | B2     | Street Addre                                 | ss (P.O. Box Number is Not Acceptable)   |                              |                                       |
|   | OLLYWOOD         | FL 33021      |                                   |   | - 1                | B3     |  |  |                              | · · · · · · · · · · · · · · · · · · · |
|   |                  |               |                                   |   | Ļ                  |        | <u> </u>                                     |  | 1221 70                      | 0-1-                                  |
|   |                  |               |                                   |   | '                  | B4     | City   |  | FL 85 Zip                    | Code                                  |
| 11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Morida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am farmitar with, and accept the obligations of, Section 607.0505, Florida Statutes. |                  |               |                                   |   |                    |        |  |  |                              | ts registered<br>registered           |
| SIGNATURE MUSTAL LAND 2/6/98  |                  |               |                                   |   |                    |        |  |  |                              |                                       |
|   |                  |               |                                   |   | Registered a       | Agent  | signature required                           | when reinstating)  ADDITIONS/CHANGES TO OFFICER  | DATE DIRECTOR                | 2C IN 12                              |
| 12.<br>TITLE  | 1 D              |               | ·                                 | DELETE                                  | 1.1 TITL           |        |  | ADDITIONS/CHANGES TO OFFICER   | Change                       | Addition                              |
| NAME  | _                | CARL N        |                                   | 1.2 N                                   |                    |        |  |  | crango                       |                                       |
| STREET ADDRESS  |                  | LLYWOOD BLV   | D SUITE 610N                      |   | 1.3 STR            |        | DABECC                                       |  |                              |                                       |
| CITY-ST-ZIP   |                  | OOD FL 33021  |                                   | 1.4 C                                   |                    |        | · · · · · · · · · · · · · · · · · · ·        |  |                              | 1                                     |
| TITLE   | <u> </u>         |               |                                   | DELETE                                  |                    |        |  |  | Change                       | Addition                              |
| NAME  |                  |               |                                   | -                                       | 2.2 NAM            |        |  |  | <del>-</del>                 |                                       |
| STREET ADDRESS  |                  |               |                                   |   | 2.3 STAI           |        | DDRESS                                       |  |                              | 1                                     |
| CITY-ST-ZIP   |                  |               |                                   | 2.40                                    |                    | Y-ST-  | - ZIP  |  |                              | 1                                     |
| TITLE   |                  |               |                                   | DELETE 3.170                            |                    | E      |  |  | Change                       | ☐ Addition                            |
| NAME  |                  | •             |                                   |   | 3.2 NAM            | Æ      |  |  |                              |                                       |
| STREET ADDRESS  | STREET ADDRESS   |               |                                   |   | 3 3 STREET ADDRESS |        | DORESS                                       |  |                              |                                       |
| CITY-ST-ZIP   |                  |               |                                   |   | 3 4. CIT           | Y- ST- | - ZiP  |  |                              |                                       |
| TITLE   |                  |               | [                                 | DELETE                                  | 4.1 TITL           | .F     |  |  | ☐ Change                     | Addition                              |
| NAME  |                  |               |                                   |   | 4. 2 NAI           | ME     |  |  |                              |                                       |
| STREET ADDRESS  |                  |               |                                   |   | 4.3 STR            | EET AC | DDRESS                                       |  |                              |                                       |
| CITY-ST-ZIP   | <b> </b>         | · <del></del> | <del></del>                       | T DOLLETS                               | 4.4 CITY           | _      | ZIP  |  | T Observe                    | Addition                              |
| TITLE   |                  |               | ι                                 | DELETE                                  | 5.1 TITL           |        |  |  | Change                       | Addition                              |
| NAME  | }                |               |                                   |   | 5.2 NAM            |        |  |  |                              |                                       |
| STREET ADDRESS  |                  |               |                                   |   | 53 STRI            |        |  |  |                              |                                       |
| CITY-ST-ZIP   |                  |               | Т                                 | DELETE                                  | 5.4 C(T)           | _      | ZIP  |  | Change                       | Addition                              |
| TITLE   |                  |               | L                                 | _ vetere                                | 6.1 TITL           |        | 1  |  | m. cualific                  |                                       |
| NAME<br>ATREET LEDGESS  |                  |               |                                   |   | 6.2 NAM            |        | DD0000                                       |  |                              | İ                                     |
| STREET ADDRESS  |                  |               |                                   |   | 6.3 \$TR           |        | ľ  |  |                              |                                       |
| CITY-ST-ZIP   | 1                |               |                                   |   | 6.4 CITY           | (-SI-  |  | action 110 07(9Vi). Florido Ctabutas, Lifer  |                              | lada iii                              |

The property and the information supplied with this limits does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report is reported 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