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

POCUMENT # P96000103868 (1)

FILED May 01 1998 8:00am Secretary of State

Principal Pla 915 MIDDU	RIS S. RAINBEAU, CPA, P./ ace of Business E RIVER DR. SUITE 500 RDALE FL 33304	Mailing Address 915 MIDDLE RIVER DR FT LAUDERDALE FL 33		0				DO NOT WRI				
							3. Date Incorp 01/01/1	orated or Qualified	I			
2. Principal	Place of Business	2a. Mailing Address					4. FEI Numbe			T JAr	pplied For	
21	_	26					65-	07/808	96		ot Applicable	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.								8.75 Additional Fee Required	
City & St.	ate	City & State					6 Election Ca	mpaiga Financina				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cot	intry			8. This corpor	ration owes or has	paid the our	rent year int	tangible	
24	25	29	30	,				roperty Tax due Jur] No	
	6. Name and Address of Curr	rent Registered Agent		81	Name		10. Name and	Address of New F	legistered A	Agent		
RAINBEAU, HARRIS S 915 MIDDLE RIVER DR. SUITE 500					Name							
	713 MIDDLE HIVER DK, SUITE 5 FT LAUDERDALE FL 33304	00		82	Street	Addres	ss (P.O. Box Nur	mber is Not Accept	able)			
Г	1 DAUDERDALE PL 33304			83								
					_							
				84	City				FL	85 Zip (Code	
agent. I	r registered agent, or both, in the Sta am familiar with, and accept the ob- Signature, typed or profed name of registered	ligations of, Section 607.0505, f	lorida Stal	utes			when reinstating)		DATE			
12.	OFFICERS A	OFFICERS AND DIRECTORS					ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR		
TITLE		<u> </u>		1.1 TITLE		PR	ws/Away	AIREC.	rone	Change	Addition	
NAME			1.2 N			1479	WERIS .	s. KAINI	SEAU	/	~~~	
STREET ADDRESS	S		1		ADDRESS	9/1	MIDAI	E RIVER	NR, S	4175	400	
CITY-ST-ZIP		DELETE	1.4 CI 2.1 TI	TY-SI	- ZIP	27	LAND	ERNALO	, FL	フラス Change	o y	
TITLE						•				☐ Cliarige	Modition	
NAME STREET ADDRESS	,		2.2 N/									
CITY-ST-ZIP			2.3 STREET ADDRESS 2.4 CITY - ST- ZIP		1							
TITLE		DELETE			1-ZIP	 				Change	Addition	
NAME		□ DELETE 3.1 3.2								•		
STREET ADDRESS	1 - 1				ADDRESS	1						
CITY-ST-ZIP				ITY-S								
TITLE				TLE					 .	Change	Addition	
NAME			4.2 N	AME		1					ļ	
STREET ADDRESS	s		4.3 ST	REET	ADDRESS							
CITY-ST-ZIP			4.4 CI	TY-SI	- ZIP							
TITLE		☐ DELETE	5.1 TI	TLE		1				Change	☐ Addition	
NAME			5.2 N/									
STREET ADDRESS	S		5.3 \$1	REET .	ADDRESS							
CITY-ST-ZIP	<u> </u>	T 61/6-2	5.4 C		- ZIP	 -				T &	1 120	
TITLE		DELETE	6.1 71							Change	Addition A	
NAME			6.2 N/								ļ	
STREET ADDRESS	5				ADDRESS	[ļ	
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify	for the eve			ed in Si	ection 119 07/3)	(i) Florida Statutes	I further ca	rtify that the	information	

14. I hereby certify that the information supplied with this filling 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 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 of the receiver or trustee empowered to exceed this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, after an attachment with an address.

RIGHATURE A - HEARIS PRIMARY (123)