

FILED  
Mar 26 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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[illegible]

Principal Place of Business	Mailing Address
780 NE 69TH ST. UNIT <del>207</del> 209 MIAMI FL 33318	780 NE 69TH ST. UNIT <del>207</del> 209 MIAMI FL 33318

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/10/1997	
21	780 NE 69 ST	26	780 NE 69 ST	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	65-0724240	Not Applicable
22	SUITE # 209	27	SUITE # 209	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	MIAMI, FL	28	MIAMI FL	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip 33138	29	Zip 33138	10. Name and Address of New Registered Agent	
	Country USA	30	Country USA		
9. Name and Address of Current Registered Agent					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>DUBOFF, KENNETH R</b> <b>10920 BISCAYNE BLVD</b> <b>MIAMI FL 33161</b>	<b>81</b>	Name	
	<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	
	<b>83</b>		
	<b>84</b>	City	<b>FL</b>
			<b>85</b> Zip Code

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CLEVINGER, ELEANOR 780 NE 69TH ST, UNIT <del>207</del> 209 MIAMI FL 33318	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 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 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.

SIGNATURE: Eleanor Clevenger ELEANOR CLEVENGER 3/19/98 305 757 3735

CR2E034 (10/97)