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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #
1. Corporation Name Principal Place of Business 4100 N.E. 2ND AVE. **SUITE 210** MIAM! FL 33137 2. Principal Place of Business 21 Suite, Apt. #. etc 22 City & State 23 Zip Country 24 25 9. Name and Address of Current Registered Agent 'Macdaniel, John M esq.

FLORIDA DEPARTMENT OF STATE

## Sandré B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000008236 (6) SECOLIS ART & DESIGN GROUP, INC.

E CRANCON IN ANDER ANACO REGIO REGIO DELLA CRESE DELLA REGIO CRECA CALCA MACCO CALCO Mailing Address 4100 N.E. 2ND AVE. SUITE 210 MIAMI FL 33137

FILED May 20 1998 8:00am Secretary of State

Principal Plac				-	110 <b>0 0</b> 101 <b>0 0</b> 001	i 19110 11800 I	IND BUILDEN		
4100 N.E. 2ND AVE.		4100 N.E. 2ND AVE.							
SUITE 210 MIAMI FL 33137		SUITE 210 MIAMI FL 33137				DO NOT WRITE IN THIS SPACE			
mirate 1 L VV		midmi i t DDIVI				3. Date Incorporated or Qualified			
						01/28/1997			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number Applied For			
21		[26]				65-0723297 Not Applicable			
Suite, Apt.	म, <b>e</b> tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			
City & Stat	0	City & State				6. Election Campaign Financing \$5.00 May Be			
13		28				Trust Fund Contribution Added to Fees			
<b>Z</b> ip	Country Zip		Country			8. This corporation owes or has paid the current year Intengible			
24	25 29 30			Personal Property Tax due June 30.  Yes No					☐ No
	9. Name and Address of Curren	t Registered Agent		41 51		10. Name and Address of New Re	gistered A	rgent	
MACDANIEL, JOHN M ESQ.			8	1 Nan	Name				
	IE BISCAYNE TOWER, SUITE 297	75	8	2 Stree	Street Address (P.O. Box Number is Not Acceptable)				
	/O \$OUTH BISCAYNE BLVD.		8	3			<del></del> _		
1AIT		Ĺ							
			8	4 City			FL	85 Zip	Code
office or i agent. I a	to the provisions of Sections 607,050; registered agent, or both, in the Stale am familiar with, and accept the obliga	of Horida. Such ch <b>ange w</b> as a	uthorized l	by the c	ed corpo orporatio	vation submits this statement for the pon's board of directors. I hereby accept	ourpose of of the appo	changing i intment as	its registered s registered
SIGNATURE	Signature, typical or printed names of registered area	it and title if ppg-fit able [NOTE	Registered A	gent signar	ure requirer	d ⊷hen reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	President_	☐ DELETE	1.1 TITLE		, Je			Change	Addition
NAME :	Drivery E. BR	ANTLEY	1.2 NAM	(NA	Doug	glas E. Brantley		CO O EX	()
S)REET ADDRESS	PO BOX 190505 (HAILING ADDRESS)		ŠTRE	E NAMORES	<b>≥</b> ∤2.0	. Box 190505 ( 7AIU	NO A	Dougo,	<i>'</i> /
CITY-ST-ZIP	MIBMILBEACIL,	DELETE	1.4 CITY	- S1 - ZIP	Miar	mi Beach, Florida 3	<u>3119                                   </u>		
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CITY-ST-ZIP	}			-ST-ZIP	³ [				
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NAME	32 N		3 2 NAM	ŧ					
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TITLE	]	L DELETE 4.		1LE				Change	Addition
NAME			4. 2 NAM	1E					
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CITY-SY-ZIP			4.4 City						
TITLE		☐ DÉLETE	5.1 TITLE				l	Change	Addition

21 TITLE 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 THILE 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 3.4. CITY - ST- 2IP DELETE TITLE 4.1 DILE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SY-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 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 annual report or suppliencental 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 trusted 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.