

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

FILED
Jun 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000012373 1. Corporation Name			
Principal Place of Business 3509 Nassau Drive Miramar, FL 33023		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 31 3509 Nassau Drive Suite, Apt #, etc		2a. Mailing Address 30 3509 Nassau Drive Suite, Apt #, etc	
2b. City & State 23 Miramar, FL Zip 33023 Country Broward		2c. City & State 20 Miramar, FL Zip 33023 Country Broward	
3. Date Incorporated or Qualified February 7, 1997		4. FEI Number 36-4145396	
5. Certificate of Status Desired ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		8. Additional Fee Required \$8.75 \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent Alfred Taylor 3509 Nassau Drive Miramar, FL 33023		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE <i>[Signature]</i> Signature typed or printed name of registered agent and title if applicable		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		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.		100002552121 -06/09/98--01015--025 ***150.00	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			