## 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

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Principal Place of Business Mailing Address								{	II <b>BB</b> IN <b>BB</b> IN I		IT BIBID (BIII) OL	
7812 DIUDO BOULEVARD 7812 DILIDO BOULEVARD												
MIRAMAR FL 33023 MIRAMAR FL 33023												
ļ									NOT WRIT	E IN THIS	SPACE	
								3. Date incorporated of 02/14/1997	r Quanned			
2.	Principal Place of Business			2a. Mailing Address				4. EEI Number		···		oplied For
21				26				65-0729	863		<del>   </del>	ot Applicable
ļ	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Danis			Additional
22				27				5. Certificate of Status	Desirea		Fee Re	equired
l	City & Stat	e		City & State				6. Election Campaign I	-	_	\$5.00	May Be
23				28				Trust Fund Contribut				to Fees
	Zip		Country	Zip	_	untry		8. This corporation own				angible No
24		9. Name	25 and Address of Current	29     Registered Agent	30	<del></del>		Personal Property To 10. Name and Address				NO NO
	AN		R CHARTERED			81 -Hane	=0	20115				-
343 ALMERIA AVENUE						82 Streets	Addros	ss (P.O. Box Number is N			<u>NDC</u>	
CORAL GABLES FL 33134						377	2/2	DILIDO	BU	$\mathcal{D}$ .	_	
						83			•		-	_
						84 C .		4			85 Zip.	Code >
<u> </u>						H	KAI	MAR		F <u>L</u>	13:	1020
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the state of Florida. Such change was authorized by the coapet. I am familiar with and accept the obligations of, Section 607.0505. Florida Statutes.								ration submits this statem n's board of directors. I h	ent for the ereby acce	purpose o	i changing it pointment as	is registered registered
	agent. I a	ım tamiliar wi	ith and accept the obligat		lorida Sta	tutes.			3	$1 \sim 1$	90	•
SK	GNATURE	Stoom w 1900d	by printed name of registered agent	and title it applicable INO	III : Registate	d Agent signature	required	when reinstating		DATE	98	
12			OFFICERS AND		13.			ADDITIONS/CHANGE	S TO OFFI		DIRECTOR	S IN 12
TITL	LE	PID		☐ DELETE	1.1 TI	ITLE					Change	☐ Addition
NAI	AME DRUMMONDS, WINS				1.2 NAME							
STREET ADDRESS			ILIDO BOULEVARD		1.3 STREET ADDRESS							
_	Y-ST-ZIP	MINAM	AR FL 33023	Printe		ITY-ST-ZIP					T-1 05	T Address
TITI		DRIMA	IONDS, DEBORAH S	☐ DELETE	2.1 Ti	- 1					∐ Change	☐ Addition
NA CTO	REET ADDRESS 7812 DILIDO BOULEVARD				22 NAME 23 STREET ADDRESS							
1	Y-ST-ZIP		AR FL 33023		1	CITY-ST-ZIP			,			
TITL				☐ DELETE	3.1 Th			<del></del>		<del></del>	Change	Addition
NA	WE				3.2 N	AME						
STR	EET ADDRESS				3.3 \$	TREET ADDRESS						
	Y-ST-ZIP		· · · · · · · · · · · · · · · · · · ·			CITY-ST-ZIP					<del></del>	
TITL				DELETE	4.1 11						☐ Change	☐ Addition
NAA					4. 2 N	l l						
ı	EET ADDRESS					TREET ADDRESS						
TITL	Y-ST-ZIP			DELETE	4.4 CI 5.1 TI	ITY-ST-ZIP					Change	Addition
NAN	1				5.1 N	4					☐ Orlange	
	EET ADDRESS					TREET ADDRESS						
	Y-ST-21P				1	ITY-ST-ZIP						
TITL			*	DELETE	6.1 TI						Change	☐ Addition
NAA	AE				6.2 N	AME						
STR	EET ADORESS	•			6.3 S	TREET ADDRESS						

64 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 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 a aditachment with an address.

**FILED** 

Apr 17 1998 8:00am

Secretary of State