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**

DOCUMENT # P97000016197 (0)

FILED Apr 30 1998 8:00am Secretary of State

inc (DACIMANN 51	UUIU, ING.						
Principal Plac	e of Business		Mailing A	Address				
4424 NW	81ST TERRACE		4424 1	N.W. 81ST TERRA	(C)E			
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 3306							DO NOT WINTE ALTWOOD OF	
							DO NOT WRITE IN THIS SPACE	\neg
							3. Date Incorporated or Qualified	
2. Principal Place of Business 2e, Mailing Address							02/19/1997 4. FEI Number Applied For	\dashv
21	nace of Business	28				4. FEI Number Applied For Not Applied For Not Applied For	ᆔ	
Suite, Apt.	#. etc	Suite, Apt. #, etc.				- ¢0 75 Ardhand	뮈	
22			27				5. Certificate of Status Desired Fee Required	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	\neg
23							Trust Fund Contribution Added to Fees	
Zip	Country		Zip	Zip Count		try	8. This corporation owes or has paid the current year Intangible	٦
24	25		29		30		Personal Property Tax due June 30. 🔀 Yes 🔲 No	╝
		dress of Current	Registered /	Agent			10. Name and Address of New Registered Agent	4
	NCORPORATORS				•	Name	NORE BACHMANN	
1214 N. UNIVERSITY DRIVE					Ē	2 Street A	Address (P.O. Box Number is Not Acceptable)	ヿ
PLANTATION FL 33322					L		124 NW 81 TERR	_
					l*	13		-
					ē	4 City	ORAL SPRINGS FL FL 85 37065	ヿ゙
				<u> </u>		Co	ORAL SPRINGS FL FL 33065	_
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute), the abouffice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statut.						by the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	'
agent. i a			ions of, Secti	on 607.0506, Fig	rida Statu	les /	al Ba	
SIGNATURE	ANDRE BA		VI		nau	1/10	required when reinstaling) DATE	.
12.	Signature, typed or printed	OFFICERS AND		THE COUNTY	13.	Ogent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	011101101110	ESIT LES TOTAL	DELETE	1.1 TITL	Ē	Change Addition	7
NAME	BACHMANN,	SONDA M		_	1.2 NAM	E	_ • -	:
STREET ADDRESS		IST TERRACE			1.3 STRI	ET ADDRESS		
CITY-ST-ZIP		NGS FL 33065			•	-ST-ZIP		
TITLE	D			DELETE	2.1 TITL		☐ Change ☐ Addition	<u> </u>
NAME	BACHMANN,	ANDRE			2.2 NAW	Æ		
STREET ADDRESS	4424 N.W. 81	IST TERRACE			2.3 STR	ET ADDRESS	••	
CITY-ST-ZIP	CORAL SPRI	NGS FL 33065			2. 4 CIT	r-ST-ZIP		
TITLE				DELETE	3.1 TITL		☐ Change ☐ Addition	η
NAME					3 2 NAM	E		
STREET ADDRESS					3 3 STRE	ET ADDRESS		-
CITY-ST-ZIP					3.4. CIT	r-ST-ZIP		╝
TITLE	·			DELETE	4.1 TITL		☐ Change ☐ Addition	n
NAME					4. 2 NAA	AE [ı
STREET ADDRESS					4.3 STRE	ET ADDRESS		-
CITY-ST-ZIP					4.4 CITY	- ST - ZIP		_
TITLE				☐ DELETE	5.1 TITLI		☐ Change ☐ Addition	۱
NAME					52 NAM	1		}
STREET ADDRESS						ET ADDRESS		
CITY - ST - ZIP				T SELECT		-ST-ZIP		_
TITLE				DELETE	6.1 TITLE	į.	Change Addition	1
NAME					6.2 NAM			
STREET ADDRESS						ET ADDRESS		
CITY-ST-ZIP					6.4 CITY	· ST- ZIP		\perp

this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information invial report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an pror trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

3-6-98

954-341-1379