5-14-48 B 1303 C 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 # P97000019578 (8)

1. Corporation 1444 W	INDSOR COURT, INC.	0010010 (0)			
Principal Place of Business Mailing Address					IID INIOI NIIII JONE: IRIE IODE
2145 NE 122ND ST NORTH MIAMI FL 33181		2145 NE 122ND ST NORTH MIAMI FL 33181		DO NOT WRITE IN THIS SPACE	
				 Date Incorporated or Qualified 02/26/1997 	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
		Suite, Apt. #, etc.		65-0728146	Not Applicable \$8.75 Additional
22 27		1-1		5. Certificate of Status Desired	Fee Regulred
City & State City &		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
DIROBERTO, GIRARD					
2145 NE 122ND ST			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
NORTH MIAMI FL 33181			83		
			24 0		Tank surviva
			84 City	Fi	85 Zip Code
office or re agent. I ar SIGNATURE	o the provisions of Sections 607.056 egistered agent, or both, in the State or familiar with, and accept the oblig spatial expectation of the state of the sta	e of Florida Such change was jations of Section 607.0505, F	iles, the above-named co authorized by the corpora forida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered in pointment as registered
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	DPS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DI ROBERTO, GIRARD		1.2 NAME		
STREET ADDRESS	2145 NE 122ND ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181	DELETE	1.4 C/TY - ST - Z/P		Change Addition
TITLE		T"] DETEIR	21 TITLE		C change C wontroit
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS			2. 4 DITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change Addition
NAME		—	3.2 NAME		
STREET ADDRESS			3 3 STREFT ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE	· · · · · · · · · · · · · · · · · · ·	Change
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP	-, - ,,,,,,,,,,		4 4 City-St-ZiP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		Change Addition

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 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 or an attachment with a readdress.

5.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS

FILED

May 14 1998 8:00am

Secretary of State