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 # P97000022530 (4)

LAWRENCE H. KATZ, ATTORNEY AT LAW, P.A.

FILED Jan 21 1998 8:00am Secretary of State



Principal Place of Business	pal Place of Business Mailing Address				
341 N MAITLAND AVENUE 341 N MAITLAND AVENUE MAITLAND FL 32751 MAITLAND FL 32751					
MAILAND FL 32/51	MAITLAND FL 32751			DO NOT WRITE IN	N THIS SPACE
				3. Date Incorporated or Qualified	
				03/12/1997	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite 120	26			59-3436548	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				\$8.75 Additional	
22 341 N. Maitland Ave.	27			5. Certificate of States Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Maitland, Florida	28]		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Count	ry	8. This corporation owes or has paid	/ /
24 32751 25 USA 9. Name and Address of Curre		30		Personal Property Tax due June 30 10. Name and Address of New Regin	
	ur vadisteten wähur	8	1 Name	10, Name and Address of New Regi	stered Agent
KATZ, LAWRENCE H		Ľ	T vaine		
341 N MAITLAND AVENUE	4	8:	2 Street Addr	ress (P.O. Box Number is Not Acceptable)
SUITE 120		8:	<u> </u>		
MAITLAND FL 32751		0,	3		<u>.</u>
		84	1 City		85 Zip Code
	00 100 51 11 0		ــــــــــــــــــــــــــــــــــــــ		FL 65 zip code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State 	02 and 607.1508, Florida Statute e of Florida. Such change was a	es, the abor authorized b	ve-named corp ov the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept t	pose of changing its registered the appointment as registered
agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rid <u>a Statutı</u>	is.		
SIGNATURE Lawrence H. Katz Signature typed or printed name of registered agent and line of applicable (NOTE Registered Agents agent and rehistating) DATE					
	rent and lifte if applicable (NOTE ND DIRECTORS	Registered A	gent signature requi	ADDITIONS/CHANGES TO OFFICE	DATE PS AND DIRECTORS IN 12
TITLE P/S/T/D	DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE	Change Addition
1 ' ' '	-	12 NAME			
Danzonoo na naca			T ADDRESS		
STREET ADDRESS St. 120, 341 N.					
CITY-SI-ZIP Maitland, Florid	la 32/51	1.4 CITY- 2.1 TITLE			Change Addition
NAME		2.2 NAME			
STREET ADDRESS			T ADDRESS		}
		i i			
CITY-ST-ZIP	DELETE	2. 4 CITY 3.1 TITLE	- 51 - 712		Change Addition
NAME	t orest	3.2 NAME			En counge En reculton
STREET ADDRESS			T ADDRESS		
		3.4. CITY	1		
CHY-ST-ZIP TITLE	DELETE	4.1 TITLE	01-21		Change Addition
NAME	- Accest	4. 2 NAMI	,		
STREET ADORESS			T ADDRESS		
CITY-ST-2IP		4.3 STREE			
TITLE	DELETE	5 1 THILE	51.5H		Change Addition
NAME		5.2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP					
TITLE	DELETE	5 4 CITY - 6 1 TITLE	31*ZII:		Change Addition
NAME	Percit	6.2 NAME			C Sucres C Francisco
STREET ADDRESS			1		
			T ADDRESS		
CITY-ST-ZIP		64 CITY -	51-7IP		

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.

1/0/00