## 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 # P97000023688 (9)

## FILED Feb 11 1998 8:00am Secretary of State

	, INC.			
Principal Place of Business	Mailing Address			INDRA HIND BUIDI IBIDI HINI (68)
4794 NW 92ND TERRACE 4794 NW 92ND TERRAC CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			03/17/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		65-0147367	Not Applicable
Suite, Apr. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
25	29	30		Yes X No
9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
FILINGS, INC.		81 Name		
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-413	2	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
		1 1 1	F <u>L</u>	•   · · · · · · · · · · · · · · · · · ·
office or registered agent, or both, in the Stat	le of Ftorida. Such change wa	s authorized by the corpora	rporation submits this statement for the purpose cation's board of directors. I hereby accept the app	pointment as registered
agent. I am familiar with, and accept the obli	gations of, 36ction 607.0303,	Fiorida Statutes.		
SIGNATURE Signature, typed or printed name of registered a	gent and title if applicable (N	IQTE: Registered Agent signature req	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE Signature, typed or printed name of registered a  12. OFFICERS A	gent and title (applicable (N ND DIRECTORS	iOTI: Registered Agent signature req	cuired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
SIGNATURE Signature, typed or printed name of registered a  12. OFFICERS AI  TITLE D	gent and title if applicable (N	OTE: Registered Agent signature req		
SIGNATURE  Signature, typed or printed name of registered a  12. OFFICERS AI  TITLE D  NAME GOETZ, ARTHUR	gor: and title if applicable (N ND DIRECTORS DELETE	OTE: Registered Agent signature requirements of the state		
SIGNATURE  Signature typed or printed name of registered a  12. OFFICERS AT  TITLE D  NAME GOETZ, ARTHUR  4794 NW 92ND TERRACE	gon; and title if applicable (N ND DIRECTORS DELETE	IOTE: Registered Agent signature requirements of the second signature requirements of		
SIGNATURE Signature typed or printed name of registered a  12. OFFICERS AT  TITLE D  NAME GOETZ, ARTHUR  STREET ADDRESS 4794 NW 92ND TERRACE CITY-ST-ZIP CORAL SPRINGS FL 3306	gon; and title if applicable (N ND DIRECTORS DELETE	OTE: Registered Agent signature requirements of the state		Change Addition
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