FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Apr 22 1998 8:00am

Secretary of State

60002436 25 Change

-04/22/98--01075--001 ***150.00

Secretary of State DIVISION OF CORPORATIONS

	1990	0000							
DOCUMENT # P970000 X 4328 (9)									
Honut of Morida Inc									
Principal Place of Business Mailing Address									
3451 U.S. 441 MIRAMAR FL 33023			3451 U.S	. 441 I FL 33023			DO NOT WOLTE IN THE	10 00+05	
Holly	and, De	La, 33023	Holly	und, Hl	4, 336	13	DO NOT WRITE IN THE 3. Date Incorporated or Qualified	SSPACE	
2. Principal F	Place of Busi	ness	2a. Mailing	Address			4. FEI Numbe	Appl	lied For
2			26				65-0750519		Applicable
Suite, Apt.	. #, etc.			Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Requ	
City & State				City & State			6. Election Campaign Financing	\$5.00 M	lav Be
23			28	 			Trust Fund Contribution	Added to	•
Zip .	Zip Country		Zip	Zip Cod		1	8. This corporation owes or has paid the	current year Intan	igible
24	25		29	29 30			Personal Property Tax due June 30. Yes No		
	9, Name	and Address of Curren	t Registered A	gent			10. Name and Address of New Registers	d Agent	
SH	IALE, JOHN	I P.			81	Name			
600 THREE ISLANDS BLVD.						Street Add	dress (P.O. Box Number is Not Acceptable)		
HALLANDALE FL 33009					82				
					83				
					84	City		85 Zip Co	vde .
,4	1				~	City	F	L S P	
office or a	renistered ac	ions of Sections 607.050; jent, or both, in the State ith, and accept the obliga	of Florida. Suct	n change was au	uthorized b	y the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its reppointment as re	egistered gistered
SIGNATURE									
	Signature, typed	or printed hame of registered age		le. (NOTE:		ent signature red	DATE DATE OF COMMENT OF THE PROPERTY OF THE PR		'N. 12
12.	1 8	OFFICERS AND	3 DIRECTORS	DELETE	13.	- 	ADDITIONS/CHANGES TO OFFICERS A		Addition
TITLE	CHAIC	IOUN D	-	DECEIE	1,1 TITLE	1		C Opposite f	ROULDON
NAME		SHALE, JOHN P.			1.2 NAME				
STREET ADORESS	LIALLANDALE EL 22200					ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009					T-ZIP		Change	Addition
TITLE	1			2.1 TITLE	İ		C CHANGE L	XOGILION	
NAME		y 📱 📑		2.2 NAME					
STREET ADDRESS .	SS /			:	2.3 STREET ADDRESS				
CITY-ST-ZIP	 -			2.4 C		ST-ZIP		Change	Addition
TITLE			- Office	3.2 NAME			☐ Outsinge t	Addition	
NAME					LODGE				
STREET ADDRESS	» [ADDRESS			
CITY-ST-ZIP	<u>* </u>					ST-ZIP		☐ Change	Addition
TITLE					4.1 TITLE 4. 2 NAME			The committee of	
NAME					4. 2 NAME 4.3 STREET	ADDRESS			
STREET ADDRESS						1		0	
CITY-ST-ZIP TITLE			"	DELETE	5.1 TITLE	i-ar		Change	Addition
i					5.2 NAME	-		17 11	
NAME						ADDRESS		45111-	احدا
STREET ADDRESS					5.3 STREET	אטטחנסט ,		' 17/0	

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 or 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 capaging or on an altacoment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE