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

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000028889 (8)

FILED Feb 05 1998 8:00am Secretary of State

runcil	an objects, inc.						
Principal Plac	e of Business	Mailing Add	ress			- I NEWSTRUMENT TO THE CONTROL OF T	\$31
1535 SE 17TH ST. SUITE 117-B 1535 SE 17TH ST. SUITE							
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33319						DO NOT WRITE IN THIS	COACE
						DO NOT WRITE IN THIS	SOFACE
						3. Date Incorporated or Qualified 03/31/1997	
2. Principal P	lace of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26				75-2602710	Not Applicable
Suite, Apt,	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
City & State	ė	City & St	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Zip			Country	,	8. This corporation owes or has paid the co		
24	25	29	36	<u>o</u>		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Hegistered Age	ent	81	! NI=	10. Name and Address of New Registered	Agent
WILLIAMS, ROBERT E					Name		
1535 SE 17TH ST, SUITE 117-B FT LAUDERDALE FL 33316				82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
• •	CAODENDALE I E 00010			83			
				84	City		85 Zip Code
					'	FI	<u>-</u> '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
agent. I am familiar with, and accept the obligations of, Section 607.050S, Florida Statutes.							
SIGNATURE							
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	(NOTE: F	egistered Age	ent signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D OFFICERS AS	ID DINECTORS	DELETE	1.1 TITLE		ADDITIONS/CLININGES TO OTH ICENS AT	Change Addition
NAME	WILLIAMS, ROBERT E			1.2 NAME			
STREET ADDRESS	AFOR OF ATTILOT OURTE AAT D			1.3 STREET	ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316			1,4 CITY - S			
TITLE			DELETE	2.1 TITLE	11-211		Change Addition
NAME		_	_	2.2 NAME			
STREET ADDRESS				2.3 STREET	ADDRESS		
CITY - ST - ZIP				2. 4 CITY - 9			
TITLE			DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME.				3.2 NAME	į		}
STREET AODRESS				3.3 STREET	ADDRESS		}
CITY - ST - ZIP				3.4. CITY - 5	ST-ZIP		
TITLE			DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY - ST - ZIP				4,4 CITY - S	T-ZIP		
TITLE		Ĺ	DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		[
CITY-ST-ZIP				5.4 CITY-S	T- ZIP		
TITLE			DELETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY - ST - ZIP		<u>.</u>		6.4 CITY-S			
14. I hereby o	certify that the information supplied v	vith this filing does	not qualify for t	he exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

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, gr on an attachment with an address.

SIGNATURE:

1-888-916-0603