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

P97000032479 (2)

FILED Jan 20 1998 8:00am Secretary of State

H.T.K.	REPORTING, INC.								
Principal Pla	ce of Business	Mai	ling Address		-		-		010 1011 1901
	UNTRY CLUB DRIVE		00 E. COUNTRY CLU	B DRIVE					
AVENTURA F	EL 33180	AVE	ENTURA FL 33180				DO NOT WRITE IN THIS SI	PACE	
-							3. Date Incorporated or Qualified		
}							04/09/1997		
2. Principal	Place of Business	2a. I	Mailing Address		_		A FELNumber	T Ä	pplied For
21		26					65-0742249	N	ot Applicable
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27					6. Cermicate of Status Desired	Fee R	lequired
City & Sta	ite	(Dity & State				6. Election Campaign Financing	\$5.00	May Be
23		28		7	_		Trust Fund Contribution	Added	to Fees
Zip	n '		Zip Country			8. This corporation owes or has paid the curre			
24	25 9. Name and Address of Curre	29	rad Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered A	-	∐ No
		iii negiste	ned Agent		11	Name	IV. Name and Address of New Registered A	Beur	
	UFMAN, RICHARD A			`					
	600 E. COUNTRY CLUB DRIVE		82 Street Ad			Street Addre	ss (P.O. Box Number is Not Acceptable)		
AV	ENTURA FL 33180			-	13				
				. `	١				
				8	14	City	FL	85 Zip	Code
11. Purcuant	to the provisions of Specions 607.05	02 and 602	7 1508 Florida Statu	tes the abo		named come	oration submits this statement for the purpose of	changing i	ite registered
l office or	registered agent, or both, in the Stat	e of Florida	i. Such change was	authorized.	hv	the corporatio	on's board of directors. I hereby accept the appo	intment as	registered
	am familiar with, and accept the obti	gations of,	Section 607.0505, I	iorida Statui	ies	9			
SIGNATURE	Signature, typed or punied name of registered a	neur and level	Broke able (NC)	If Bugisland A	lour.	ol signature required	d when reinstating) DATE		
12.	OFFICERS A			13,			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PSD		DELETE	1.1 1810	F			Change	Addition
NAME	KAUFMAN, RICHARD A			1.2 NAM	IE				
STREET ADDRESS		RIVE		1.3 STR	H.	ADDRESS			
CITY-ST-ZIP	AVENTURA FL 33180			1.4 CITY	- ST	1-ZIP			
TITLE	VP, Treasuret		DELETE	2 1 7(1).				Change	Addition
NAME	KAUFMAN Telly	/Thom	4)	2 2 NAM	E	Ì			
STREET ADDRESS	KAUFMAN, TEDAY 19600 E. COUNTRY CL AVENTURA PL. 32	((NCW	11 <i>5</i>	2.3 STRE	٤1 /	ADDRESS			
CITY-ST-ZIP	AUFNTURA PL 32	บริกั		2 4 CITY	r - \$1	.T - ZIP			
TITLE	Tree of Mick. 1.1. 5 2	10.9	DELETE	3 1 7171				Change	Addition
NAME	1			32 NAM	IE.				
STREET ADDRESS				3.3 STHE	£1.4	ADDRESS			
CITY-\$1-ZIP				3.4. C(T)	/- \$1	T-7IP			
TITLE			DELETE	4.1 THU	F			Change	Addition
NAME	}			4. 2 NAN	ΛŁ				
STREET ADDRESS				4.3 STRE	ET#	ADDRESS			
City-St-2in				4.4 CBY	- \$1	ı-ZIP			
TITLE			DELETE	5.1 T(T)	-			Change	Addition
NAME				5.2 NAM	E				
STREET ADDRESS	1			5.3 \$1RE	£1 #	ADDRESS			
CITY-ST-ZIP			<u> </u>	5.4 CITY	ST	- 7 IP			
TITLE			DELETE	6.1 TITLE	:			Change	Addition
NAME	1			62 NAM	E				
STREET ADDRESS				6.3 STRE	ET #	AODRESS			
CITY+ST-ZIP				6.4 CHY	-SI	í - 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 Statules. I further certify that the information indicated on this annual report or supplienental 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.

Textly Kaufman