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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000036931 (8)

Principal Plac	e of Business	Mailing Address 2100 W COMMERCIAL ( SUITE 4100 FT LAUDERDALE FL 33:	SLVD.	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 04/24/1997
2. Principal Place of Business 21		28. Mailing Address 26		4. FEI Number Applied For S2 - 2034695 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip 24	Country 25	7ip <b>29</b>	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
Name and Address of Current Registered Agent			1001	10. Name and Address of New Registered Agent
FILIN <b>gs</b> , Inc. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				Robert S. Forman, Esquire  t Address (P.O. Box Number is Not Acceptable) 01 West Commercial Blvd., Suite 4100
		1	83	•
		///	84 City	Fort Laud≥rdale FL 85 Zip Code 33309
SIGNATURE	Signature, typed or printed name of registered as	contand the if applicable (NO ND DIRECTORS	IE Registered Agont's gnalu	d corporation submits this statement for the purpose of changing its registered proration's board of directors. I hereby accept the appointment as registered are required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D McDonald, robert d	☐ DELETE	1.1 TITLE	S/T/D X Change Addition
NAME Street address City-St-Zip	5617 OLD NATIONAL PIKE FREDERICK MD 21702		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	20 Main Street Middletwon, MD 21769
TITLE	,	DELETÉ	21 TITLE	P/D Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	Kevin McDonald 20 Main Street Middletown, MD 21769
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY+ST-ZIP		DELETE	3.4. CITY - ST - ZIP	Change - Addition
TITLE NAME			4.1 TITLE 4. 2 NAME	Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELET <b>E</b>	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	

14. Thereby 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 plant my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation of the receiver or traster empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, from an affacting my with an address.