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PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 27 1998 8:00am Secretary of State

| ··· | ON HOLD, INC. | J0038126 (3) | | | |
|---|---|--|--|--|---|
| • | ce of Business | Mailing Address | | | |
| 359 PALM BLVD. FT. LAUDERDALE FL 33326 | | 359 PALM BLVD. FT. LAUDERDALE FL 33328 | | | |
| | | | | DO NOT WRITE IN | THIS SPACE |
| | | | | 3. Date Incorporated or Qualified 04/21/1997 | _ |
| | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | | Not Applicable |
| Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | · | 28 | | | Added to Fees |
| Zip | Country | Zip | Country | B. This corporation owes or has paid t | |
| 24 | 25 25 Cur | 29 | 30 | Personal Property Tax due June 30 10. Name and Address of New Regis | |
| e. Name and Address of Curre OKTAVEC, RAY 359 PALM BLVD. | | rent Registered Agent | 81 Name | 10. Name and Address of New Negrs | tered Agent |
| | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| FT. | . LAUDERDALE FL 33326 | | | | |
| | | | 83) | | |
| | | | 84 City | | 85 Zip Code |
| 44 5 | - 4 | 11 (10) 1 (10) 11 (10) 11 (10) 11 (10) | | and the state of t | FL S Z P C C C C C C C C C |
| *6: | | | and the section of the college of th | poration submits this statement for the purp | |
| office or a agent. I a SIGNATURE | | | | rporation submits this statement for the purpation's board of directors. I hereby accept the | |
| SIGNATURE | Signature, typed or printed hame of myeterical | | authorized by the corporal lorida Statutes. If Registered Againt signature required. 13. | | DATE |
| | Signature, typical or printed home of negletic of OFFICERS / | agent auchotte of applicable (NC |) TE Registored Agent signature requ | uired when reinstating) | DATE |
| SIGNATURE | Signature, typical or product home of respective of OFFICERS A OKTAVEC, RAY | Lagent auchothrit applicable (NC AND DIRECTORS | Off Registered Agent signature requ | uired when reinstating) | DATE IS AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE | Signature, typical or product harms of trappole in CETRS / OFFICERS / OKTAVEC, RAY 359 PALM BLVD. | Layest and sillent applicable (NC AND DIRECTORS | 113. | uired when reinstating) | DATE IS AND DIRECTORS IN 12 |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typical or product home of respective of OFFICERS A OKTAVEC, RAY | Copent and cells of applicable (NC AND DIRECTORS DELETE | 13. 1.1 TILE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | uired when reinstating) | DATE IS AND DIRECTORS IN 12 Change Addition |
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ocute this report as required by Chapter 607, Florida Statutes; and that my name appears in