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

DOCUMENT # P9700039396 (1)

FILED Feb 02 1998 8:00am Secretary of State

ANY A	XLE INCORPORATED	(.,			
Principal Plac	e of Business	Mailing Address			HALIB FOLDO CLIATO ODYROD DARA ODDA
5598 NW 10TH TERRACE 5598 NW 10TH TERRAC		:			
		FORT LAUDERDALE FL 3			
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 05/02/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0759252	Not Applicable
Suite, Apt.	#, e tc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	,		Fee Required
23				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	Added to Fees
24	25	29	30	8. This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year intangible
	9. Name and Address of Current			10. Name and Address of New Registered	
СН	ONG, AMOS P		81 Name		
5598 NW 10TH TERRACE			B2 Street Addr	ess (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33309			51 SHOOL AUGI	ess (F.O. Box (40/fiber is Not Acceptable)	
			83		
			84 City		
			84 City	Fl	85 Zip Code
11. Pursuant I office or re agent. I a	to the provisions of Sections 607.0502 egistered agont, or both, in the State on tamiliar with, and accept the obliga	P and 607.1508, Florida Statute of Florida Such change was a tions of, Section 607.0505, Flo	os, the above-named corp luthorized by the corporat irida Statutes.	oration submits this statement for the purpose of ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Control	7.07			
12.	Signature, typod or printed name of registered agent OFFICERS AND		Registered Agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONATION TO OTHER AN	Change Addition
NAME	MARIOTTI, MICHAEL		1.2 NAME		
STREET ADDRESS	1321 SE 4TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CHONG, AMOS P		2.2 NAME		
STREET ADDRESS	5598 NW 10TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	BRAWLEY, JACK W		3.2 NAME		
STREET ADORESS	320 SE 11TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 THLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		
TITLE		☐ DELE te	5.1 TITLE		☐ Change ☐ Addition
NAME OTRECT ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change Addition
NAME		L.J DELLEIL	62 NAME		Change
STREET ADDRESS					
CITY-ST-ZIP			6 3 STREET ADDRESS		
	ertify that the information supplied will	h this filing does not qualify for	the exemption stated in S	Section 119 07(3Vi) Florida Statutes Hurther o	artify that the information

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 roport or supplemental annual roport 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 trustoe 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.

SIGNATURE, VIAMILIANO

1/-

1/21/00 BN-028-3544

CR2E034 (10/97)