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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000040883 (5)

WARSOWE CAPITAL II CORP.

Principal Place of Business Mailing Address								
2787 EAST OAKLAND PARK BLVD. 2787 EAST OAKLAN SUITE 411 SUITE 411					ark blvd.			
FORT LAUDERDALE FL 33306				SUITE 411 FORT LAUDERDALE FL 33306				DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								05/05/1997
2. Principal Place of Business				2a, Mailing Address				4. FEI Number Applied For
21			26					65-015/133 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
City & State			27	City & State				Fee Required
23			20	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			20	Zip Country			······································	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24		25 29 30			 		•	Personal Property Tax due June 30.
	9. Name	and Address of Cu		tered Agent		T	··· · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered Agent
	PPS, JERO					81	Name	
3411 POWERLINE ROAD						82	Street Add	dress (P.O. Box Number is Not Acceptable)
SUITE 701								
FO	rt L aude	RDALE FL 33309				83		
,						84	City	B5 Zip Code
11. Pursuant	to the provis	ions of Sections 607	0502 and 6	07 1508 Florida Stat	ules the	L.	e-named core	poration pulpoints this statement for the purpose of changing its registered.
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 register 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 register								
agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.		OFFICERS	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D			☐ DELET E	1.1	IITLE		☐ Change ☐ Addition
NAME ANSILL, LEONARD					1.21	NAME		
STREET ADDRESS CITY-ST-ZIP 2787 EAST OAKLAND PARK FORT LAUDERDALE FL 33300						STREET	ADDRESS	
CITY-ST-ZIP	FURI L	AUDERDALE FL 3	3306			CITY-S	ST-ZIP	
TITLE						TITLE		L] Change [] Addition
NAME	near-sec					NAME		
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP TITLE				DELETE 3.1 TI			ST-ZIP	Change Addition
NAME				3.21				L Change Addition
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP							ST-ZIP	•
TITLE		· • • • • • • • • • • • • • • • • • •		DELETE	4.1 1		51-211	Change Addition
					4.2	NAME		
CITY OT THE					435	TREET	ADDRESS	
CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	T priese		ITY-S	T- ZIP	
NAME			DELETE				Change Addition	
STREET ADDRESS					5.2 N			
CITY-ST-ZIP							ADDRESS	
TITLE				DELETE		ITY-S	T-ZIP	
NAME				C DECEIE	6.1 1			☐ Change ☐ Addition
STREET ADDRESS					6.2 N	AMÉ	.charas	

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 Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and facturate and that my signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or on an attachment with a radders.