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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 04 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041526 (9)

FARKATI CORPORATION

TABLETT COLLECTION					
Principal Place	of Business	Mailing Address			
960 SOUTH FEDERAL HIGHWAY 950 SOUTH FEDERAL			RAL HIGHWAY		
HOLLYWOOD FL 33020 HOLLYWOOD FL 3				DO MOY MUSTE IN THIS SPACE	
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				05/07/1997	
2. Principal Place of Business		2a. Mailing Addres	<u> </u>	4 FELNimber	
21		26		Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, ot	C.	SR 75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		Election Campaign Financing \$5.00 May Be	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 9. Name and Address of Cur	29	30	Personal Property Tax due June 30. Yes Yo 10. Name and Address of New Registered Agent	
IAC	COBSOB, STEWART	Half Lahistelan Whell	81 Name	TO Marie and Address of New Augistered Agent	
	· So uth Federal Highwa'	v		JHUDSUN, STEWART	
	LLYWOOD FL 33020	1	82 Street A	ddress (P.O. Box Number is Not Acceptable)	
110	LL11100D 1 L 33020		83	950 South Federal Highwan	
			84 City	HOLLYWOOD FI 85 2950997	
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 registered 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 registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _	ilgnature, typed or printed namic of registered		(NOTE Registered Agent signature a	required when reinslating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELE		PELSIDENT Change L'Addition	
NAME	FARKAS, BERTRAM		1.2 NAME		
STREET ADDRESS	11237 N.W. 16 COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 330	026	1.4 CITY - ST - ZIP		
TITLE		☐ DELE	TE 2.1 TITLE	☐ Change ☐ Addition	
NAME	•		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		L_J DELE	TE 3.1 TITLE	Change Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELE	", (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELE	4.4 CITY-ST-ZIP 1E 5.1 TITLE	Change Addition	
NAME		ت مندد	5.2 NAME	Vilonito 🔲 Aduttoti	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELE		Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. I hereby ce	ertify that the information supplies	d with this filing does not qu	alify for the exemption states	d 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 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 attrices.					