## 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

	AVENUE					DO NOT WRITE IN THIS SPA  3. Date Incorporated or Qualified  05/01/1997		
	ace of Business	2a. Mailing Address			·	4. FEI Number	<del></del>	plied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				65-0754853	<del></del>	ot Applicable Additional
22		27	27		5. Certificate of Status Desired	<del>,</del>	Additional equired	
City & State	,	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 Added	May Be
Zip	Country	Zip	Cou	untry		8. This corporation owes or has paid the curren	t year int	appible
24	25	29	30	т-—		Personal Property Tax due June 30.		No
	9, Name and Address of Curr	ent Registered Agent		-	NI	10. Name and Address of New Registered Ag-	ent '	
	rry, stephen M			81	Name			
	) n 72nd avenue Julywood fl 33024			62	Street Addre	ess (P.O. Box Number is Not Acceptable)		
no.				83	<del></del>			<del></del>
				84	City		85 Zip	Code
						FL		
SIGNATURE	Signature, typed or printed name of registered a					coration submits this statement for the purpose of chion's board of directors. I hereby accept the appoint adverse the statement of the purpose of chion's board of directors. I hereby accept the appoint accept the purpose of chion's board of chionic statement of the purpose of chionic statement of the purpose of chionic statement of chionic st		<del></del>
12.	Or Floring A	DELETE	1.1 T	ITI F	<del></del>	·	Change	Addition
NAME	BARRY, STEPHEN M		1.2 N		İ	_	y-	
STREET ADDRESS	220 N 72ND AVENUE		1		address			
CITY-ST-ZIP	HOLLYWOOD FL 33024		1	iTY-S	1			
TITLE				2.1 TITLE		L	Change	Addition
NAME			2.2 N	AME	}			
STREET ADDRESS			2.3 S	TREET	address			
CITY-ST-ZIP	, <u>_</u>			DITY-S	T-ZIP			
THTLE		☐ DELETE		3.1 TITLE		L	Change	Addition
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		DELETE		CITY-S	t-ZIP		Change	Addition
TITLE		DELETE	4.1 1	ITL <del>E</del> IAME		L	Change	☐ Addition
NAME STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				IKEET ITY-S				
TITLE		DELETE	5.1 Ti		1 * En'		Change	Addition
NAME			5.2 N		Ì	_	•	
STREET ADDRESS					ADDRESS	,		
CITY-ST-ZIP				ITY-S				i
TITLE		☐ DELETE	6.1 11				Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	TRFFT	ADORESS	•		

6.4 CITY - ST - ZIP 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 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 address.

**FILED** 

Mar 31 1998 8:00am

Secretary of State