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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

P97000042262 (0)

FLORIDA ASSOCIATION OF BRITISH BUSINESS, INC.

Principal Place of Business Mailing Address						
1501 N.E. 35TH 8TREET 1501 N.E. 35TH ST FORT LAUDERDALE FL 33334 FORT LAUDERDALE				DO NOT WRITE IN THIS SPACE		
ACCEPT OF WELL				3. Date Incorporated or Qualified 05/09/1997		
Principal Place of Business The Principal Place of Business	2a. Mailing Address 26			4. FEI Number 65 - 07 5 5 8 3 9	Applied For Not Applicable	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 29	Cour 30	ntry	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible Yes No	
g, Name and Address of Current F	Registered Agent			10. Name and Address of New Register	red Agent	
KAWAJA, PATRICIA			81 Name			
1501 N.E. 35TH STREET FORT LAUDERDALE FL 33334			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
			B3			
			64 City		85 Zip Code	
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida Such change was	authorized	by the corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered	
SIGNATURE Signature types or presed name of registered against a	and title 4 applicable INO	II Registered	Agent's gnature req.	ured when reinstating) DAT	TE .	
12. OFFICERS AND D	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 117	.E		Change Addition	
NAME KAWAJA, PATRICIA		1.2 NA	VIE			
STREET ADDRESS 1501 N.E. 35TH STREET		1.3 ST	IEET ADDRESS			
CITY-ST-ZIP FORT LAUDERDALE FL 33334		1.4 C(T	Y-ST-ZIP			
TITLE CHAMMAN MOIRECT	DELETE	2.1 TITI	_E		Change Addition	
NAME MICHAEL TOWNER		2.2 NA	ME			
STREET ADDRESS 2787 E. OAKTAND MEK BI	Lub, suthe sud	2.3 \$16	REELI ADDRESS			
CITY-ST-ZIP BATLAVOERDALE FL33	306	2. 4 Ci	Y-ST-ZIP			
TITLE	DELETE	3.1 TIF	_F		Change Addition	
NAME		3.2 NA	ME			
STREET ADDRESS		3.3 \$1	IEET ADDRESS			
CITY - ST- ZIP			Y-ST-ZIP			
TITLE	☐ DELETE	4.1 TiTi	.F		Change Addition	
NAME		4. 2 NA	ME I			
STREET ADDRESS		4.3 STF	REET ADDRESS			
CHY-ST-ZIP			Y-ST-ZIP			
TITLE	DELETE	5.1 111	·····		☐ Change ☐ Addition	
NAME		5.2 NA	ME .			
STREET ADDRESS		5.3 STF	REET ADDRESS			
CITY-ST-ZIP			Y-SI-ZIP			
TIFLE	☐ DELETE	6.1 TIT			Change Addition	
NAME		6.2 NA				
STREET ADDRESS			REET ADDRESS			
CITY-ST-ZIP			Y- \$T - 2 P			

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 of 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.