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**

1. Corporation Name # P9/000044032 (5)									
GARY ALEXANDER & COMPANY, CPA'S, PA									
GAIII A	LLWIN	LII W OOM AN	, 01 7 0,	i i n			I LEADENNE HIR LANK HANN ROUL AND ARTHUR BOLL AND	 	HE CLECK GOOD
Principal Place	of Busines	s	Mai	Mailing Address				I BIDIA BURBU IR	ilik ahili imili
2701 LEJEUNE ROAD			270	2701 LEJEUNE ROAD			Section 1997	Comp. (40) 100 (10)	
SUITE 300				SUITE 300			DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL 33134			00	CORAL GABLES FL 33134			3. Date Incorporated or Qualified		
					_		05/19/1997		
2. Principal Pla	ce of Busin	iess	2a.	2a, Mailing Address			4. FEI Number	Ar	plied For
21			26	26			65-01786601	No	t Applicable
Suite, Apt. #	, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	
22			27						equired
City & State				City & State			6. Election Campaign Financing	\$5.00	
Zip Country				Zip Country			Trust Fund Contribution		
24	25		29	— ·					angible No
g, Name and Address of Curren							10. Name and Address of New Registered Agent		
ALEXANDER, GARY D									
2701 LEJEUNE ROAD					82	Street Add	ress (P.O. Box Number is Not Acceptable)		
SUITE 300				Street Addition			(1.0. Box Hambor to Hot Modelplane)		
CORAL GABLES FL 33134					83				
					84	City		85 Zip (Code
							<u>FL</u>		
11. Pursuant to office or re-	the provisi distered ad	ions of Sections 607,0! ent. or both, in the Sta	502 and 607 te of Florida	7.1508, Florida Statu a. Such change was	ites, the above authorized by	e-named corp the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing it ointment as	s registered registered
agent. I am	familiar wi	th, and accept the obl	igations of,	Section 607.0505, F	lorida Statutes	3.	tion's board of directors. I hereby accept the app		
SIGNATURE _	landburg transf	or printed frame of registered a	end to day	applicable (610	TE, Bogintored Age	ent digesture requi	ired when reinstating) DATE		
12.	distole (A)000	OFFICERS A			13,	an aignature requi	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12
TITLE	D			DELETE				Change	Addition
NAME	7 1000 7 1000 1 1 0 7 1 1 1			1.2 NAME					
STREET ADDRESS 2701 LEJEUNE ROAD, SUITE			E 300	1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP CORAL GABLES FL 33134				1.4 CITY - ST - ZIP		T-ZIP			
TITLE				DELETE	2.1 TITLE			Change	Addition
NAME	ĺ				2.2 NAME				
STREET ADDRESS	iss				2.3 STREET	ADDRESS			
CITY-ST-ZIP				D OF LEVE	2. 4 CITY - S	ST-ZIP			
TITLE				DELETE	3.1 TITLE	1		Change	Addition
NAME					3.2 NAME	1000500			
STREET ADDRESS					3.3 STREET]			ļ
CITY-ST-ZIP TITLE				☐ DEL ETE	3.4. CITY-5 4.1 TITLE	01 - ZIY		Change	Addition
NAME					4. 2 NAME	ļ			
STREET ADDRESS					4.3 STREET	ADDRESS			ł
CITY-ST-ZIP					4.4 CITY-S				
TITLE				DELETE 5.1 TITLE		· · · · ·		Change	Addition
NAME					5.2 NAME	-			
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					54 CITY-S	T - Z(P			
TITLE				DELETE	6.1 TITLE			Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS]
CITY-ST-ZIP					6.4 CITY-S	T-ZIP			i

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.

SIGNATURE:

FILED

Feb 19 1998 8:00am

Secretary of State

305-448-1626