## 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

DOCUMENT # P97000046240 (2)

ED-MIR HOLDINGS FLORIDA CORP.

## FILED May 05 1998 8:00am Secretary of State



					818 81113 11811 81611 8812 1881
Principal Place of Business	Mailing Address				214 A(112 1/211 21211 24211 2411 1421
27 MARKHAM B 27 MARKHAM B					
DEERFIELD BEACH FL 33442				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	7
				'	
2. Principal Place of Business	2a. Mailing Address			05/23/1997 4. FE( Number	Applied For
	E, BROWARD BUIL 26			65-0763648	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Ft. LAYDERDALE, FLORIDA	DA 28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Count	ry	8. This corporation owes or has paid the c	urrent year Intangible
21 33301 25 U.SA.	29	30		Personal Property Tax due June 30.	X Yes No
9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	d Agent
LARRY A. ROTHENBERG, P.A.		8	Name		
900 N. FEDERAL HWY., STE. 460 BOCA RATON FL 33432			2 Street Addr	eet Address (P.O. Box Number is Not Acceptable)	
			2 Sileot Addi	633 (1.0. Box Marrison to Not Macophable)	
BOOK INTOIT IE GOTGE		8	3		
		<u> </u>			85 Zip Code
		8	4 City	F	L 85 Zip Code
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  Signature tread or profess range of registered agent and tills if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
Signature, typed or printed name of registered age			gent signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
	D DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AI	Change Addition
TITLE	☐ DELETE	1.1 TITLE			Charige C Addition
NAME SCHNEIDER, HAROLD		1.2 NAM			
STREET ADDRESS 27 MARKHAM B			FT ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH FL 33442		1.4 CITY			Change Addition
TITLE D	DELETE	2.1 11111			C Gliange C Accidion
NAME SCHNEIDER, LOUIS		2.2 NAM			
STREET ADDRESS 27 MARKHAM B			E1 ADDRESS		
CITY-ST-ZIP DEERFIELD BEACH FL 33442	. DELETE	2. 4 CITY 3.1 TITLE	- ST- ZIP		Change Addition
TITLE D	טנננונ	3.1 IIIL			
NAME SCHNEIDER, LAWRENCE					
STREET ADDRESS 75 KING ST., E., APT. 1609,	MISSISSAUGA		ET ADDRESS		
CITY-ST-ZIP ONTARIO, CANADA, L5A4G5	DELETE	3.4. CITY 4.1 TITLE	· ST- ZIP		Change Addition
TITLE					
NAME		4. 2 NAN			
STREET ADDRESS			FT ADDRESS		
CITY-ST-ZIP	DELETE	4.4 CITY			Change Addition
TITLE	☐ nereit	5.1 TITL	}		Onlings Podutor
NAME		5.2 NAM	· •		
STREET ADDRESS			ET ADDRESS		
CITY-\$T-ZIP	T OFFETE		- ST- ZIP		Change Addition
TITLE	☐ DELETE	6.1 TITL	1		CHANGE LINGSON
NAME		6.2 NAM			
STREET ADDRESS			ET ADDRESS		
CITY-\$T-ZIP	TAIL AND A DECEMBER OF THE PARTY.	6.4 CITY	-ST-ZIP	Postion 110 02/3Vi) Florida Statutas I further	certify that the information
14. I hereby certify that the information supplied v	with this filling does not qualify fo all annual report is true and acc	or the exen	ipilon stated in that my signati	r section in 19.07(3)(1), nortoa Statutes. I further are shall have the same legal effect as if made.	under oath; that I am an

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.

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L. KINA

HARRIS

CHUENED (PERSIDENT) 4-17-98

054-413-2112