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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

S & R INVESTORS-NYS, INC.

Principal	Place	of	Business

## **FILED** May 29 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing A	ddress							
4200 SHERIDAN ST #413			4200 SHERIDAN ST #413							
HOLLYWOOD	FL 33021	HOLLYW	OOD FL 33021				DO NOT WRITE IN T	HIG SDACE		
							3. Date Incorporated or Qualified	TIO OF ACE		
							05/30/1997		İ	
9 Principal P	lace of Business	2a Madine	a Address				4. FEI Number	1 1/	Applied For	
	INCO OF ENGINESS	}ŋ `	2a. Mailing Address				65-0158858	-	Not Applicable	
Suito Apt # eto			26 Suite, Apt. #, etc.						Additional	
Suite, Apt. #. etc.		<del></del>					5. Certificate of Status Desired		Required	
City & State			City & State				6. Election Campaign Financing			
<b></b> '		<u> </u>	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country				8. This corporation owes or has paid the			
24	25	29		30			Personal Property Tax due June 30.		□ No	
4	9. Name and Address of Curre		oeni	130			10. Name and Address of New Register			
WE	ELLSTOOD, RITA N			8	1 N	ame				
	00 SHERIDAN ST #413			L						
				8	2 St	reet Addre	ddress (P.O. Box Number is Not Acceptable)			
п	DLLYWOOD FL 33021			8	-					
				•	٦					
				8	4 Ci	ity		<b>85</b> Zip	Code	
								FL  °'   ''		
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508 to of Florida, Suc	B, Florida Statu b change was	ites, the abo	ve-na	med corp	oration submits this statement for the purpo	se of changing annointment a	its registered	
agent. La	m familiar with, and accept the obli	gations of Section	on 607.05 <b>0</b> 5, F	lorida Statut	es.	, 00. po. a	on's board of directors, t hereby accept the	престинент		
SIGNATURE.										
	Signature, typod or printed name of trige-tened a		bler (NO		gont sig	ynature require	ed whon reinstating) DA	•	N 10 10 10 10 10 10 10 10 10 10 10 10 10	
12.	OFFICERS AT	ND DIRECTORS	DELETE	13.	<del></del>		ADDITIONS/CHANGES TO OFFICERS	Change		
TITLE	_		☐ DELETE	1.1 TITLE				€ CHRIBE	L Addition	
NAME	VALLE, STEVEN W			1.2 NAMI		1				
STREET ADDRESS	4200 SHERIDAN ST #413			1.3 STRE	ET ADD	RES\$				
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY		<u> </u>	·····	7-12		
TITLE	D		DELETE	2.1 TITLE				Change	Addition	
NAME	WELLSTOOD, RITA N			2.2 NAMI	E	ł				
STREET ADDRESS	4200 SHERIDAN ST #413		2.3		2.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL 33021			2 4 CITY	'- ST- ZI	P				
TITLE			DELETE	3.1 TITLE				L Change	Addition	
NAME				3.2 NAMI	E	- 1				
STREET ADDRESS				3.3 STRE	et addi	RESS				
C+TY-ST-ZIP				3.4. CiTY	' - ST - ZII	Р				
TITLÉ			DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAM	Œ					
STREET ADDRESS				4.3 STRE	F1 ADDI	RESS				
CITY-ST-ZIP				4.4 CITY	- ST - ZIF	,				
TITLE			DELETE	5.1 TITLE				Change	Addition	
NAME				5.2 NAMI	E		<b>900002543</b> ! -06/02/9801019-	5 <u>1</u> 9		
STREET ADDRESS				5.3 STRE		RESS	-0 <b>6</b> /02/9801019-	-025		
CITY-ST-ZIP				5.4 CITY		1	***165.00			
TITLE			DELETE	6.1 TITLE				Change	☐ Addition	
NAME				6.2 NAMI					<b>\</b>	
STREET ADDRESS				6.3 STRE		RESS			1 12 V	
1 1						- 1			1 0/2	
CITY-ST-ZIP				6.4 CITY	- 21 - T#	. 1			<b>`</b>	

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.

1954)967.9429