## 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 # P97000050115 (9)

CRAIG B. COTLER, P.A.

Principal Place of Business
-----------------------------

Mailing Address

## FILED Apr 27 1998 8:00am Secretary of State



3. Date Incorporated or Qualified 06/05/1997  2. Principal Place of Business 2. A Mailing Address 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. FEI Number 6. Certificate of Status Desired 2. City & State 2. City & State 3. Country 4. FEI Number 6. Certificate of Status Desired 7. Fee Required 7. Country 7. Country 7. Country 7. Country 7. Country 7. Country 8. This corporation owes or has paid the current-year Intangible Personal Property Tax due June 30. 7. Personal Property Tax due June 30. 7. Name and Address of Current Registered Agent 7. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. The provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing is register.	B211 WEST BROWARD BLVD. STE. 460 Plantation fl \$3324			8211 WEST BROWARD BLVD. STE. 460 PLANTATION FL 33324			DO NOT WRITE IN THIS SPA	۸۵۶	
26 Suite, Apt. #, etc.  Suite,							3. Date Incorporated or Qualified	10E	
Suite, Apt. #, etc.    Suite, Apt. #, etc.     27		Place of Business	2a. Mailing Add	2a. Mailing Address					
5. Certificate of Status Desired Fee Required  City & State City & Status Desired Comparison Status Desired C	21								
City & State  28  City & State  29  Country  29  30  Country  8. This corporation owes or has paid the current-year Intangible Personal Property Tax due June 30. Yes I No  9. Name and Address of Current Registered Agent  COTLER, CRAIG B  8211 WEST BROWARD BLVD. STE. 460  PLANTATION FL 33324  81  City  Street Address (P.O. Box Number is Not Acceptable)  82  Street Address (P.O. Box Number is Not Acceptable)  83  City  FL 85  Zip Code  11. 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 register	22		27	27			5. Certificate of Status Desired		
Zip Country Zip Country Zip Country Sign Cou	City & Sta	ale				·	· · · · · · · · · · · · · · · · ·		
9. Name and Address of Current Registered Agent  COTLER, CRAIG B 8211 WEST BROWARD BLVD. STE. 460 PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1506. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register	Zip	<u></u>	<u> </u> η	30	າ ໌	<i>(</i>			
8211 WEST BROWARD BLVD. STE. 460 PLANTATION FL 33324  82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code  11. 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 register		9. Name and Address of Cu	urrent Registered Agent			,	······································	ant	
PLANTATION FL 33324  83  84 City  FL 85 Zip Code  11. 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 register					81	Name			
84 City FL 85 Zip Code  11. 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 register						Street	Address (P.O. Box Number is Not Acceptable)		
11. 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 register					83				
11. 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 register					84	City	FL <sup>1</sup>	35 Zip (	Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. It hereby accept the appointment as registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	11. Pursuan office or	t to the provisions of Sections 607 registered agent, or both, in the S	7 0502 and 607 1508, Flor State of Florida, Such cha	ida Statutes, rige was auti	the above	e-named the cor	corporation submits this statement for the purpose of ch poration's board of directors. I hereby accept the appoin	anging its	s registered registered
	-		obligations of, Section 607	.0505, Florid	a Statute:	S.			
SIGNATURE Signature, typed or printed name of registered agent and tele if applicable (NOTE Registered Agent signature required when reinstating)  DATE	SIGNATURE	Signature, typed or printed name of registers	ud agent and toe if applicable	(NOTE R	egistered Age	ent signature	e required when reinstating) DATE		
12. OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	12.				13.		ADDITIONS/CHANGES TO OFFICERS AND D	RECTOR	S IN 12
	TITLE		<u> </u>	ELETE	1.1 TITLE		<u> </u>	J Change	Addition
NAME COTLER, CRAIG B 1.2 NAME		AGA WEST SPAWASS S	ILIO OTT 400	1	1.2 NAME				
STREET ADDRESS PLANTATION FL 33324  14 CITY-ST-7/P		1	LVU. 51E. 46U						
A(1) (1) (1)		PLANIATION PL 33324	П б	ELETE		17-21P		Change	Addition
TITLE L_  DELETE   2.1 TITLE   L_  Change L_  Addi			L., v	1111			_	, criange	Addition
STREET ADDRESS 2.3 STREET ADDRESS						AUDOLGG	<b>!</b>		
CITY-ST-ZIP 2.4 CITY-ST-ZIP							: 1		
<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>			D	ELETE		. <u> </u>		Change	Addition
NAME 3.2 NAME	NAME				3.2 NAME				
STREET ADDRESS 3.3 STREET ADDRESS	STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP 3.4. CITY-ST-ZIP	CITY-ST-ZIP				3.4. CITY-	ST - ZIP			
TITLE DELETE 4.1 TITLE Change Addi	TITLE			ELETE	4.1 TITLE			Change	Addition
NAME 4.2 NAME	NAME				4. 2 NAME				
STREET ADDRESS 4.3 STREET ADDRESS	STREET ADDRESS	•			4.3 STREET	ADDRESS			
CITY-ST-ZIP 4.4 CITY-ST-ZIP		<del> </del>		CULTE		T-ZIP		<u> </u>	
			⊔ U	CLEI <b>t</b>				unange	☐ Addition
NAME 5.2 NAME		1			5.2 NAME				
·					FACTOR	4BBB505	,		i
<del></del>	STREET ADDRESS								
	STREET ADDRESS CITY-ST-ZIP	-		FLETE	5.4 CITY - S			Change	Addition
	STREET ADDRESS CITY-ST-ZIP TITLE		D	LETE	5.4 CITY S 6.1 TITLE			Change	Addition
CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		D	I LETE	5.4 CITY - S 6.1 TITLE 6.2 NAME	T-ZIP		Change	Addition

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 arrusal 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.