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

FILED May 20 1998 8:00am Secretary of State

1. Corporation		10054479 (5)			
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	E FAMELINAL ELIA COLDE JEANT MALLE MATTE ANTICO MILLO	ii ninii 10010 ikii (khi
15021 E. WATERFORD DRIVE		15021 E. WATERFORD DRIVE			
FORT LAUDERDALE FL 33331		FORT LAUDERDALE FL 33331		DO NOT WOLLE IN THE COA	05
				DO NOT WRITE IN THIS SPA	<u> </u>
				06/19/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26			X Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State			\$5.00 May Be
Zip	Country	28 Ziro	Country	Trust Fund Contribution	Added to Fees
24	25	Zip 29	30	8. This corporation owes or has paid the current Personal Property Tax due June 30.	
<u> </u>	9. Name and Address of Curre		[30]	Personal Property Tax due June 30. Young 10, Name and Address of New Registered Age	
INC	CORPORATORS PLUS, INC.	- · Y	81 Name		···
	14 N. UNIVERSITY DRIVE		82 Street Addi	(D.O. Day Marchaella Net Association	
PLANTATION FL 33322			Street Addi	ress (P.O. Box Number is Not Acceptable)	i
			83		
			84 City	8:	5 Zip Code
				FL 1	1 '
office or r agent. I a	to the provisions of Sections 607.06- reg ister ed agent, or both, in the Stati im <mark>fam</mark> iliar with, and accept the oblic	02 and 607.1508, Florida Statu e of Florida: Such ch <mark>ange was</mark> galiens of, Section <mark>607.0505,</mark> Fl	tes, the above-named corp authorized by the corporat lorida Statutes.	poration submits this statement for the purpose of chation's board of directors. I hereby accept the appoint	inging its registered ment as registered
SIGNATURE	Signature, typed or printed name of registered as				
12,		VD DIRECTORS	 Registered Agent signature requirements 	ADDITIONS/CHANGES TO OFFICERS AND DIF	PECTOPS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	KORNREICH, BARRY		1.2 NAME		
STREET ADDRESS	15021 E. WATERFORD DRIV	E	1.3 STREET ADDRESS		[3
CITY-ST-ZIP	FORT LAUDERDALE FL 3333	31	14 CITY - ST - ZIP		5
TITLE	D	DELETE	2 F TITLE		Change Addition
NAME	FINKELSTEIN, RICHARD	_	2 2 NAME		
STREET ADDRESS	15021 E. WATERFORD DRIV		2 3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 3333		2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 THILE		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		
TITLE			4.1 TITLE	<u> </u>	Change
NAME STREET ADDRESS			4. 2 NAME		
			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		L., 0011.10	5.2 NAME		creange Magittal)
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - 21P		
TITLE		DELETE	6.1 TITLE	T ?	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS	•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied v	vith this filing does not qualify for		Section 119.07(3)(i). Florida Statutes, I further certify:	that the information

indicated on this annual report or supplemental annual report is frue 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 or an attachment with an address.