## 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

98 JAN 22 PM 12: 36

	MEN # P97000 PROJECT I CORP.	056759 (8)		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Plac	e of Business	Mailing Address	W.F. C	) 1881/1881 118 18111 1881/1 88111 88111 88111 8818 8111 8818 8111 8111 8111 8111 8111 8111 8111 8111 8111 81
	LL AVE. 8TH FLOOR	1428 BRICKELL AVE. 8TH	I FLOOR	
MIAMITE 331	31	MIAMI FE 93131		DO NOT WRITE IN THIS SPACE
\	7			3. Date Incorporated or Qualified
				06/27/1997
	lace of Business	2a. Mailing Address		4. FEt Number / Applied For
	15 54 104 shelt	26 SAMC		Applied to a Not Applicable
Suite, Apt.	#_etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22 City & State	~/ ()	27 City B City		Fee Required
City & State	hinns	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
24 J3 /	56 25 DAde	Zip	Country 30	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
	g, Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
	TMAN, ERIC P		81 Name	
1428-BRIOKELL AVE, STH FLOOR MIAMI FL 33131			82 Street	Address (P.O. Box Number is Not Acceptable)
1			83	vite 210
			84 City	7 com FI 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 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, typed or printed name of registered agent	and title if arministic (NGT)	Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE		
NAME	LITTMAN, ERIC P		1.2 NAME	7695 Sto lofth Sheet Change Laddition
STREET ADDRESS	1428 BRICKELL AVE, 8TH FLO	∂R	1.3 STREET ADDRESS	Suite 216 Minni f1 33/56
CITY-ST-ZIP	MIAMI PL 33181		1.4 CITY - ST - ZIP	Minn: +1 33/18
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	<del>-</del>	DELETE	2. 4 C(TY - ST - Z(P) 3.1 T(TLE)	Change
NAME		ב) מכנבונ	3.2 NAME	2000024089°°°2 - 1442°°°2 - 1065028
STREET ADDRESS			3.3 STREET ADDRESS	-01/22/9801065028
CITY-ST-ZIP			3.4. CITY-ST-ZIP	***6150.00 ****150.00
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	•
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP	Observa
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME PERCET ADDRESS			6.2 NAME	$\sim$
STREET ADDRESS			6.3 STREET ADDRESS	$(I, \mathcal{N})$

14. Thereby 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 recoiver 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 an attachment with an address.

L Jo b Wittel