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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1998 8:00am

Secretary of State

Change Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000057317 (4) **DOCUMENT #**

Principal Place of Business Mailing Address 1915 SW 21ST AVENUE FORT LAUDERDALE FL 33312 Mailing Address 1915 SW 21ST AVENUE FORT LAUDERDALE FL 33312					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a, Mailing Address		·····	06/24/1997 4. FEI Number 4 4 6 0 3 6 Applied For	
21		26			(05-0778209 Not Applica	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22 27 27 27 27 27 27 27 27 27 27 27 27 2					ree Required	
City & State		City & State 28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip	30	ountry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Curren		11	1	10. Name and Address of New Registered Agent	
11. Pursuant office or ragent. I a					FL 85 Zip Code proporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered ag			red Agent signature req		
12.	OFFICERS AN	ID DIRECTORS	13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Name	TOMASIELLO, CANDACE	☐ DELETÉ		TITLE NAME	☐ Change ☐ Addi	
STREET ADDRESS	ADAE ON DACK ANTAULE		1.3	STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1.4	CITY-ST-ZIP	•	
TITLE		DELETE		TITLE	Change Addi	
NAME			22	NAME		
STREET ADDRESS			2.3	STREET ADDRESS		
CITY - ST - ZIP			2. 4	CITY-ST-ZIP		
TITLE		DELETE	3.1	TITLE	Change Addi	
NAME			3.2	NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP	,	
TITLE		☐ DELETE		TITLE	Change Addi	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —		CITY-ST-ZIP		
TITLE		L_ DELETE	- 1	TITLE	Change Addi	
NARAE			6.2	NAME		

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.

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STREET ADDRESS