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 # P97000058413 (0)

SUSAN O. HOLTZMAN ASSOCIATES, INC.

Principal Place of Business	Mailing Address				
10621 SW 99TH TERRACE MIAMI FL 33176	10621 SW 99TH TERRACE MIAMI FL 33176				

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
10621 SW 99TH TERRACE 10621 SW 99TH TERRACE								
MIAMI FL 33176 MIAMI FL 33176						DO NOT WORK IN THE COACE		
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
2 Principal C	land of Puringer	20 Mailing Address				07/03/1997 4. FEI Number Applied For		
2. Principal Place of Business 2a. Mailing Address					1 - 02 82 8			
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					6.5 - 0.76 8 / 18 Not Applicable \$8.75 Additional			
	w, 610.	· · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired Fee Required		
City & Stat	•	City & State		—		* * * * * * * * * * * * * * * * * * * *		
23	•	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country			This corporation owes or has paid the current year Intangible		
24	25	29	30	•		Personal Property Tax due June 30. Yes No		
-	9. Name and Address of Curr		1001	Γ	···	10. Name and Address of New Registered Agent		
16	WI\$, HAROLD L			B1	Name			
	NBER, LEWIS & PATHMAN, LLP	•			D11	Address (D.O. Davidson in Mat. Advantable)		
	2 SOUTH BISCAYNE BLVD SUITE 3660				82 Street Address (P.O. Box Number is Not Acceptable)			
	AMI FL 33131	_ 3000		В3				
IMI	AMI FE 33131							
				84	City	FL 85 Zip Code		
11. Pursuant	th the provisions of Sections 607.05	502 and 607 1508. Florida Statu	ites the al	LL bove	-named	corporation submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the Sta	te of Florida. Such change was	authorize	d by	the corp	poration's board of directors. I hereby accept the appointment as registered		
agent. i a	im familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Stat	lules	•			
SIGNATURE	Signature, typed or printed name of registered a	neent and title if anothrable (NC) F · Registere	d Aner	t signature	required when reinstating) DATE		
12.		NO DIRECTORS	13.	J 1 901		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		DELETE	1.1 10	TLE		President Change Addition		
NAME			1.2 N/	AME		Fresicleut Susan O. Holtzman 106215W99Terrace		
STREET ADDRESS					ADDRESS	106215WP9Terrace		
CITY-ST-ZIP				TY-ST		M:ami, FC 33176		
TITLE	<u></u>	DELETE	21 TI			☐ Change ☐ Addition		
NAME		_	22 N/					
STREET ADDRESS	I I				ADDRESS			
CITY-ST-ZIP		3		ITY-S				
TITLE			3.1 TO		1.71	☐ Change ☐ Addition		
NAME			3 2 N/					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			1	ITY-S				
TITLE		DELETE	4.1 Tr		I LUI	☐ Change ☐ Addition		
NAME			4. 2 N					
STREET ADDRESS					address			
CITY-ST-ZIP				TY-ST				
TITLE	<u> </u>	☐ DELETE	5.1 TO		- LIF	Change Addition		
NAME			5.2 NJ					
					ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TII	TY-ST	- 211	☐ Change ☐ Addition		
NAME			6.2 NA		1000000			
STREET ADDRESS					ADORESS			
CITY-ST-ZIP			6.4 CI	TY-ST	-7IP			

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 of 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