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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1**9**98

**FILED** Jul 02 1998 8:00am Secretary of State

Principal Place of Business  3411 NW 9TH AVE. SUITE #703 OAKLAND PARK FL 33309  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 07/07/1997  2. Principal Place of Business // Ame 26 3/09 Nw 9 Mark FL 33309  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 07/07/1997  4. FEI Number 6. SO 77 2.3 55  Not Applied For Not Applied For Not Applied For Suite, Apt. y etc.  Suite, Apt. y
OAKLAND PARK FL 33309  OAKLAND PARK FL 33309  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified O7/07/1997  2. Principal Place of Business 1 Applied For 2 34 09 NW 9th Aw 2 5 34 09 NW 9th Aw 2 5 34 09 NW 9th Aw 2 5 Suite, Apt. # etc 2 5 WALL // 01 2 7 Swile, Apt. # etc 2 7 Swile // 01 2 7 Swile // 01 2 8 Sigle 2 8 Sigle 2 8 Sigle 2 9 33 3 0 9 3 0 Swile // 01 3 1 Name and Address of New Registered Agent  LAWRENCE, BEVERLY 3411 NW 9th AVE, SUITE #703 OAKLAND PARK FL 33309
2. Principal Place of Business Applied For 21 3409 NW 97 And 26 3409 NW 97 And 26 Suite, Apt. # etc. 27 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 29 Suite, Apt. # etc. 20 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 28 Suite, Apt. # etc. 29 Suite, Apt. # etc. 20 Suite, Apt. # etc. 20 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Suite, Apt. # etc. 27 Suite, Apt. # etc. 28 Suite, Apt. # etc. 27 Su
3. Date Incorporated or Qualified 07/07/1997  2. Principal Place of Business, 1/4 And 26 34 09 Now 9 Through 27 South 1/0 1 27 South 1/0 1 27 South 1/0 1 28 Or Manual 1/0 1 28 Or Manual 1/0 1 28 Or Manual 1/0 1 29 333 09 30 South 1/0 1 20 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business Applied For 2. Principal Place of Business Applied For 2. Principal Place of Business Applied For 3.40
2. Principal Place of Business Applied For 24 34 11 NW 9TH AVE, SUITE #703  OAKLAND PARK FL 33309  28. Mailing Address 25 4 Applied For 650772355  Suite, Apt. # etc. 25 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 6. Election Campaign Financing 85.00 May Be Added to Fees 7. Trust Fund Contribution 6. Trust Fund Contribution 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 7. Name and Address of New Registered Agent 8. This corporation owes or has paid the current year Intangible 7. Name and Address of New Registered Agent 8. Name 8. Name 8. Street Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt # etc.    Suite, Apt # etc.   Suite, Apt # etc.
Suite, Apt # etc.    Suite, Apt # etc.   Suite, Apt # etc.
City & State 28
Zip 33369 25   S. D.D. W. Rich 29   33369 30   S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Name and Address of Current Registered Agent  LAWRENCE, BEVERLY 3411 NW 9TH AVE, SUITE #703 OAKLAND PARK FL 33309  Couglty Personal Property Tax due June 30. Yes No Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)
24 3330 9 25   S.C.D.W.   R.P.   29 3330 9   30   S.C.D.W.   Personal Property Tax due June 30.   Yes   No    Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    LAWRENCE, BEVERLY   81   Name    3411 NW 9TH AVE, SUITE #703   62   Street Address (P.O. Box Number is Not Acceptable)    82   Street Address (P.O. Box Number is Not Acceptable)    83   Name   84   Street Address (P.O. Box Number is Not Acceptable)    84   Street Address (P.O. Box Number is Not Acceptable)    85   Street Address (P.O. Box Number is Not Acceptable)    86   Street Address (P.O. Box Number is Not Acceptable)    87   Street Address (P.O. Box Number is Not Acceptable)    88   Street Address (P.O. Box Number is Not Acceptable)
Name and Address of Current Registered Agent  LAWRENCE, BEVERLY  3411 NW 9TH AVE, SUITE #703  OAKLAND PARK FL 33309  82 Street Address (P.O. Box Number is Not Acceptable)  83
LAWRENCE, BEVERLY 3411 NW 9TH AVE, SUITE #703 OAKLAND PARK FL 33309  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
3411 NW 9TH AVE, SUITE #703 OAKLAND PARK FL 33309  82 Street Address (P.O. Box Number is Not Acceptable) 83
OAKLAND PARK FL 33309
83
84 City 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 Horida 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.
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Fforida Statutes.
SIGNATURE Signature, typed or printed nanie of registered agrint and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE
12. OFFICERS AND DIRECTORS I 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD DELETE 1.1 TITLE Change Additio
NAME LAWRENCE, BEVERLY 1.2 NAME
STREET ADDRESS 3411 NW 9TH AVE, SUITE #703 1.3 STREET ADDRESS
CITY-ST-ZIP QAKLAND PARK FL 33309
TITLE DELETE 2.1 TITLE Change Additio
NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP 5862 Kel Cay Lane 1200 532 LSCITY-ST-ZIP
TITLE TREASURE, DELETE 31 TITLE Change Addition
NAME CHANCES LAWRENGE 32 NAME
STREET ADDRESS 3864 NE 27 STALLT 33 STREET ADDRESS
CITY-ST-ZIP H Land H- 33306 34.CITY-ST-ZIP
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 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS 5.4 STREET ADDRESS 5.4 STREET ADDRESS 5.5 STREET ADDRES
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addition
TITLE   DECETE   61117LE   Change   Addition
NAME 62 NAME 600002579416 STREET ADDRESS -07/02/9801073035
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 77 T SU, UU  14. I hereby certify that the information supplied with this filling 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 find that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation 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 chapter 607, or on an attachment with an address.

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