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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000062741 (8) CORY WALDMAN, INC.

FILED May 12 1998 8:00am Secretary of State



				<u> </u>	1 30110 0 1110 11011 10011 3100 1 1101 100 1	
Principal Place of Business	Mailing Address					
140 BONAVENTURE BLVD. #306 WESTON FL 33326	140 BONAVENTURE BLVD WESTON FL 33326). #306		·		
WEDION TE WOOLD	VIEGICIA VE GOOLO	WESTON FE 33320		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
				07/21/1997		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 76 Sockside Cir		ν -	······································	W-0768438	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22	27				Fee Required	
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be	
Zio Country	Z (p)	Count	ru.	Trust Fund Contribution	Added to Fees	
24 33377 25 USA	29	30	'Y	 This corporation owes or has pail Personal Property Tax due June 	— · — ·	
9 Name and Address of Cu		1301		10. Name and Address of New Rec		
WALDMAN, CORY		8	1 Name			
140 BONAVENTURE BLVD. #30	1 4	ļ.	O Otto de Barba	(0.0.0.1)	2-5	
WESTON FL 33326			Street Address (P.O. Box Number is Not Acceptable)			
WEDTON'TE GOSEO		8	3			
			<u> </u>			
		8	4 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607	0502 and 607, 1508. Florida Statute	es, the abo	ve-named cor	rporation submits this statement for the p		
office or registered agent, or both, in the S agent. I am familiar with, and accept the o	itate of Florida. Such change was a bligations of, Section 607.0505, Flo	authorized i orida Statut	by the corporates.	ation's board of directors. I hereby accep	t the appointment as registered	
SIGNATURE Signature typod or printed name of registere	1 secon sort title d' Apple able (NOT	F Annistered A	pent signature regu	uired when reinstating)	DATE	
	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE D	DELETE	1.1 TITLE			Change Addition	
NAME WALDMAN, CORY		1.2 NAM	E			
STREET ADDRESS 140 BONAVENTURE BLVD). #30 6	1.3 STRE	ET ADDRESS			
CITY-ST-ZIP WESTON FL 33326		1.4 CFTY	-ST-ZIP			
TITLE	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME		2.2 NAM	E			
STREET ADDRESS		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP		2. 4 CITY	-ST-ZIP		-	
TITLE	☐ DELETE	3.1 TITLE	1		☐ Change ☐ Addition	
NAME		3.2 NAM	E			
STREET ADORESS		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		3.4. CITY	- ST - ZIP			
TITLE	☐ DELETE	4.1 TETLE			Change Addition	
NAME		4. 2 NAM	E			
STREET ADDRESS		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP		4.4 CITY				
TITLE	☐ DELETE	5.1 TITLE			Change Addition	
NAME		5.2 NAM	E			
STREET ADDRESS		5.3 STRE	ET ADDRESS		l	
CITY-ST-ZIP		5.4 CITY				
TITLE	☐ DELETE	6.1 TITLE	-		Change Addition	
HAME		6.2 NAM	Ε			
STREET ADDRESS		6.3 STAE	ET ADDRESS			
CITY-ST-ZIP		6.4 CITY				
14. I hereby certify that the information supplied	d with this films does not qualify for	or the ever	intion stated in	n Section 119.07(3)(i). Florida Statutes. L'	aurther certify that the information. I	

report some the minimation supplies with his timing does not qualify to the exemption stated in Section 119.07(3)(), mortal statutes. Further certify that the informatic indicated on this annual report or suppliemental 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

(954) 295-0089