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

1, Corporatio	MENT # P9700 TE YOUR OWN WEB-PAGE	0062830 (9) INC.)		I IPRHOM IM Jama Lori Orii orii orii orii orii	HE BANKA HABAK JANAR WINI BANK IDAN
Principal Plac	a al Butinoan	Mailing Address				
Principal Place of Business 2718 N STATE RD 7 SUITE 147 MARGATE FL 33063		2718 N STATE RD 7 SUITE 147		DO NOT WRITE IN THI	IC CDACE	
		MARGATE FL 33063	MARGATE FL 33063		3. Date Incorporated or Qualified	
					07/18/1997	
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number	Applied For
21		26			65-0771123	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		a Flanka Committee Signature		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the d	
24			30	Personal Property Tax due June 30. Yes No		
	g, Name and Address of Curren	Registered Agent		T	10. Name and Address of New Registere	d Agent
	MARCELIN, RICHARD		81	Name		
2718 N STATE RD 7			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
SUITE 147 MARGATE FL 33063			83	 		
P	MANGATE PL 33003					
			84	City	F	85 Zip Code
office or ragent. I a SIGNATURE 12.	registered agent, or both, in the State im familiar with, and accept the obligation Signature typed or printed reason of registered agen OF LICERS ANI	and title of applicable (NOTE			ration's board of directors. I hereby accept the a quired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D DELETE MARCELIN, RICHARD		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME						
STREET ADDRESS	2718 N STATE RD 7 SUITE	147	1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY - 8	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	- 1		
CITY-ST-ZIP TITLE	☐ DELU		2. 4 CITY - ST - ZIP 3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STHEET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	☐ DELETE		4.1 TITLE			Change Addition
NAME			4. 2 NAME	ļ		
STREET ADDRESS			4.3 STREET	- 1		
CITY-ST-ZIP		DELETE	4.4 CITY - S	ST-ZIP		Change Addition
TITLE NAME		L DULL	5.1 TITLE 5.2 NAME			Caronado Caronton
STREET ADDRESS			5.2 NAME	ADDRESS		į
CITY-ST-ZIP			5.4 CITY - 5			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
מול דם עדום			A A POTO P			

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 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.

FILED

May 06 1998 8:00am

Secretary of State