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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000063365 (5)

THOMPSON LEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Jun 15 1998 8:00am Secretary of State



16570 NE 26 AVENUE #3C NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160						
					DO NOT WRITE IN THIS	SPACE
					 Date Incorporated or Qualified 07/22/1997 	
2. Principal Place of Susmess 2a. Mailing Address				4. FEI Number	Applied For	
21 280 (Ponce De Leon Blud 26 Same					45-0769352	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired See Regulred Fee Regulred	
City & State	10 W. El	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Coyal Gaples, + 1 28					Trust Fund Contribution Added to Fees	
Zip Country Zip			Country	1	8. This corporation owes or has paid the current year Intengible	
24 3313	125 USH		30			L Yes L No
		I Registered Agent	B1	Name	10. Name and Address of New Registered	Agent
	MAS, BRADFORD A ESQ		"	INdille		
- 799 BRICKELL PLAZA SUITE 900					ddress (P.O. Box Number is Not Acceptable)	
1 MAIM	MI FL 33130		83			
•			84	City	FL	85 Zip Code
office or reg	gi stere a agent, or both, in the State i	of Florida. Such change was a	ulhorized by	z the corpor	orporation submits this statement for the purpose cration's board of directors. I hereby accept the app	changing its registered
agent Lain	i familiar with, and accept the obliga	tions of Section 607.0505, Flo	rida Statutes	5.	, , ,	
SIGNATURE 5	dgodlun , typed ör perted isane of registered ago	t could be along books. "This sale	The many or at Amer		puired when reinstating) DATE	
12.	OFFICERS AND		13.	mi signature raq	uired when reinstang) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DEITH T	1.1 100.1			Change Addition
NAME	THOMPSON, SHARON J		1.2 NAME			
AAFTO NE OO ANTANIE 400			1.3 STREET	ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331	60	1.4 City-S			
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDHESS .		
CITY-ST-ZIP			2. 4 CITY - S	ST- ZIP		
TITLE		DOLL DE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 S1RE11	ADDRESS		
CITY-ST-ZIP			34 CHY-8	T - ZIP		
TITLE		DETETE	4111111			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY - ST - ZIP			4.4 CHY-S	1 - 7IP		
TITLE		DELETE	5.1 TILLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	i		
CITY-ST-ZIP		D BLUTT	5.4 CITY - S	1-21P		
TITLE		□ DELETE	6.1 TITLE		CONFIGURATION AND ART OF STORE STORE STORE AND ART AND AREA OF ART	Change Addition
NAME			6.2 NAME		20000356295 -06/17/38-01065-00	ig 12
STREET ADDRESS			6 3 STREET	- 1	***150,00	6.15
CITY-ST-ZIP			6.4 CITY-ST	I - ZiP	minima catha tita	• •

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 animal report or supplemental animal 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 13 if changed, or on an attachment with an address

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