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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

| 1 | MENT # P9700 PROPERTIES SOUTH FLO | • | 8) | | | | | | | ###################################### |
|---|--|---|---|---|-----------------------------|---|---|---------------------------------------|-------------|--|
| Principal Place | e of Business | Mailing Address | | | | | | III COM POME CAN | | |
| 2255 GLADES SUITE 405 EA BOCA RATON | IST | 2255 GLADES ROAD SUITE 405 EAST BOCA RATON FL 33431 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1997 | | | | |
| 2. Principal Pi | lace of Business | 2a. Mailing Address | | | | 4. FEI N | umber | | Ar | plied For |
| 21 | | 26 | | | | | | | | ot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. 27 | | | | 5, Certif | icate of Status Desired | | Fee Re | |
| City & State | 6 | City & State | _ | | | | on Campaign Financir | | \$5.00 | |
| Zip | Country | 28 | | Country | | | Fund Contribution | | Added | |
| 24 24 | Country 25 | 29 Zip | 30 | Jountry | , | | corporation owes or ha nat Property Tax due : | _ | | angible] No |
| Z4 | g. Name and Address of Cur | | [30] | \neg | | | and Address of Nev | | | |
| 11. Pursuant office or reagent. I as | ITE 405 EAST CA RATON FL 33431 to the provisions of Sections 607. egistered agent, or both, in the St m familiar with, and accept the of | 0502 and 607.1508, Florida S ale of Florida. Such change v bligations of, Section 607.050 | tatules, the was authori 5, Florida S | 84 above zed by statutes | City -named co the corpor | rporation subnation's board (| nits this statement for it of directors. I hereby a | FL the purpose of ccept the app | . ` | Code s registered registered |
| SIGNATURE | Signature, typed or printed name of registered | l agent and little if applicable. | (NOTE: Regis | lered Age | per erufangia Ine | uired when reinstalin | ng) | DATE | .,,.,. | : |
| 12. | | AND DIRECTORS | | 3. | | · ADDITI | ONS/CHANGES TO C | FFICERS AND | | |
| NAME STREET ADDRESS CITY-ST-ZIP | DPVS ABERMAN, ZAVE 1255 RUE UNIVERSITY, SU MONTREAL, QUEBEC, CAI | | 1. | 1 TITLE 2 NAME 3 STREET 4 CITY~S | ADDRESS T-ZIP | | | · | Change | Addition / |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ABERMAN, ZAVE 1255 RUE UNIVERSITY, SU MONTREAL, QUEBEC, CAI | JITE 1604 | 2. | 1 TITLE 2 NAME 3 STREET 4 CITY-5 | ADDRESS | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DELETE | | 3. 3. 3. | 1 TITLE 2 NAME | ADDRESS | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | DELETE | 4. 4. 4. | 1 TITLE 2 NAME | ADDRESS | | | | Change | Addition |

CITY-ST-ZIP 14. 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 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 manged, or on an attachment with an eddress.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET AODRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

DELETE

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

Спалде

Addition

FILED

Mar 30 1998 8:00am

Secretary of State