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

	MENT # P97000	0068699 (2))					
niven	PLACE, INC.							
Principal Place of Business Mailing Address					I IERIURAL IIO IOIII IODII AUDII	10:lls 40:ss 80:iA	- Ellêr leire eilie i	ALIM IMPLIMATE
1946 TYLER ST. 1946 TYLER ST.								
HOLLYWOOI	D FL 33020	HOLLYWOOD FL 33020			DO NOT	VRITE IN THI	IC CDACE	
i					3. Date Incorporated or Qua		15 STACE	
<u> </u>					08/07/1997	iii Gu		
2. Principal Place of Business 2a. Mailing Address							pplied For	
21	1 26				58-2333388)···	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desire	ıd П	\$8.75	Additional
22 27					U. Commodition of charles become			Required
 .		City & State	City & State I		6. Election Campaign Finance			May Be
23 Zip	Country	28	Country	,	Trust Fund Contribution			to Fees
24	25	29	30	,	This corporation owes or f Personal Property Tax due	•		ntangible TNo
24	9, Name and Address of Current Registered Agent				10. Name and Address of No			
CORPORATION SERVICE COMPANY				Name Tal	Milson C. Atkinson,			
1201 HAYS STREET			82		ddress (P.O. Box Number is Not Acc			
TALLAHASSEE FL 32301-2525			102		946 Tyler Street	ehraniet		
			83		2	7-7-1		
_			84	City H	r = 7 7		85 338	Gode
				l n	follywood	F		
11. Pursuant office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and account the oblige	7and 607 1508, Florida Statu of Florida. Such change was	tes, the above authorized by	e-named co v the corpor	orporation submits this statement fo tration's board of directors. I hereby	the purpose accept the a	e of changing is appointment as	its registered s registered
agent.la	am familiar with, and account the oblige	tions of Section 607,0505, Fi	orida Statute	s.	•	3/.	1/0	ď
SIGNATURE	Signature, typed or printed name of registered ager	N and N d anningship	The Basistana Ass	ant sinnat wa tar	equired when reinstating)	DATE		<u>g</u>
12.	OFFICERS AND		13.	out signatore re-	ADDITIONS/CHANGES TO			RS IN 12
TITLE	UP	DELETE	1.1 TITLE				Change	Addition
NAME	SCHULER, ROBERT E		1,2 NAME	- 1				
STREET ADDRESS	1946 TYLER ST.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CiTY - S	ST - ZIP				
TITLE	DVS	☐ DELETE	2.1 TITLE	1			Change	☐ Addition
NAME	B RISBEN, WILLIAM O 1946 TYLER ST.		2.2 NAME	[
STREET ADDRESS	HOLLYWOOD FL 33020		2.3 STREET	1				
CITY-ST-ZIP TITLE	110001110001100000	DELETE	2. 4 CITY - 3.1 TITLE	SI - ZIP			Change	Addition
NAME	1		3.2 NAME	}			0.10.190	
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	Į		4.3 STREET	ADDRESS				
CITY-ST-ZIP		T ocuers	4.4 CITY - S	ST-ZIP			T10+	1 2220.
TITLE		DELETE	5.1 TITLE	[Change	☐ Addition
NAME	J		5.2 NAME	Innoces				
STREET ADDRESS	1		5.3 STREET					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	or-zir			Change	Addition
NAME		bad Promise	6.2 NAME	}				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S	i i				

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 changed, or or an attachment with an address.

FILED

Apr 24 1998 8:00am

Secretary of State