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FILE NOW: FILING FEE AFTER MAY 1ST IS	\$550.00	(
PROFIT FLORIDA DEPARTI CORPORATION Katherine		150, iv	•
ANNUAL REPORT Secretary of DIVISION OF CO		LILED	
DOCUMENT # p970000 74375		59 KMY 14 PH 5: 2	, .
1. Corporation Name Jucob Fleshman Sinfrod / Indlin	The		
-	** · · · · · · · · · · · · · · · · · ·	PALLAHASSEE, FLORID	с)Д
Principal Place of Business Mailing Address		400002886784	40
1177 14W 81 St	-05/26/9901030017 ***1050 00		
Mian, 12 33150	3. Date Incorporated or Qualifed Aug. 1.5/1997		
Principal Place of Business 2a. Mailing Address		4. FET Number	Applied For
21 /172 N & 81 St. 26 Suite. Apt #, etc. Suite. Apt #, etc.	vie	65-0783395	Not Applicable 75 Additional
City & State City & State	5. Certificate of Status Desired Fe	e Required	
23 MIWI FL [28]	mwantan i	Trust Fund Contribution L.I. Add	.00 May Be ded to Fees
Zip	Country	This corporation owes the current year Intangible Personal Property Tax [] Yes Name and Address of New Registered Agent	[INa
	81 Name		
Koven Aran	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1172 NIW 81 ST Miami PC 33150	84 City	na ver	7. 6.4.
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes			Zip Code
office or registered agent, or both, in the State of Florida. Such change was auth agent 1 am familiar with, and accept the obligations of, Section 607.0505. Florid	vorized by the corporation	on's board of directors. Thereby accept the appointment a	is registered
SIGNATURE / (A/ / 1765) Signature typed or printed name of registered agent and title if applicatio (NOTE Re	rgistered Agent signature require.	Twhen rendatings OATE	
12. OFFICERS AND DIRECTORS TITLE PO DELETE	13. 11 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRE	
NAME STREET ADDRESS Ry Fleinman	1.2 NAME	E.13-W	go Ejiwanan
CONV-ST-719 1177 NICH SI ST MICH (73/50	13 STREET ADDRESS 1.4 City-St-ZiP		
TITLE UPO	21 TITLE	[]Cha	nge [] Addition
STREET ADDRESS Roy Alevhna	22 NAME 23 STREET ADDRESS		1
TITLE SO 1177 NW 81 St MICHA 77 33150	2 4 CITY-S1-ZIP 3 1 THEF		inge []Addition]
NAME KOON ARAN	32 NAME	•	
OTTY-ST-ZIP 1177 14 81 St. Michael FC 33150	33 STREET ADDRESS 34 City-St-ZiP		
TITLE [.] DELETE	41101E	[] Cha	nge [] Abdelen
STREET ADDRESS	43 STREET ADDRESS		1
CITY-ST-ZIP TITLE [] DELETE	44 <u>CHY-ST-ZIF</u> 51 TiTLE	[] Cha	nge [Addition
NAME	5.2 NAME	,-2	-
STREET ADDRESS CITY-ST-ZIP	53 STREET ADDRESS 54 CITY-ST-ZIF		Ω
TITLE [] DELETE	6 1 TITLE 6 2 NAME	() Cha	74X 1488
NAME STREET ADDRESS	63 STREET ADDRESS		End!
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for it	64 City-S1-ZiP ne exemption stated in S	Section 119 07(3)(i), Florida Statutes, Ufurther 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

5/1/99 305-696-7350 X105