## 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

DOCUMENT # P97000074780 (2)

ALL BROTHERS STAIRS, INC.

**FILED** Apr 29 1998 8:00am Secretary of State



Principal Place of Bus	einace	Mailing Address			Maist (8811 81214 1884) 18411 8811 1881
1325 SOUTH CONGR		_	DECC AMENUE		
SUITE 233	COO MYENUC	1325 SOUTH CONGR SUITE 233	IEOO MYTNUT		
BOYNTON BEACH FL 33426		BOYNTON BEACH FL 33426		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				08/28/1997	
2. Parcipal Place of	T	2a, Mailing Address	, 7	4. FEI Number	Applied For
21 12:350C	tairlane famus!	46 5500 twi	clane tarms Ro	U 65-0777704	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 74 1		27 #11			Fee Required
City & State	alma Rush Fl	City & State	m Roy 1 El	6. Election Campaign Financing	\$5.00 May Be
23 Weby 1	County	28 WLOT [A]	Country	Trust Fund Contribution	Added to Fees
ฏ ์ 33 H4		29 33414	30 USA	This corporation owes or has paid     Personal Property Tax due June 3	
	ame and Address of Current		J30 V T	10. Name and Address of New Regi	
	WYER CHARTERED	-togistored rigeri	81 Name	70.	olulog rigolii
	ERIA AVENUE		STE	PHEN ANSAROFF	
	ABLES FL 33134		[82] Street Addr	ess (P.O. Box Number is Not Acceptable	) DR
CORAL	MDLCO FL 33134		83	SHADERLING	<u> </u>
	•		84 City 1.15	ST PALM BEACH	85 Zip Code
- F	607,000	1607 1500 5(+):1-04			<u> FL   33444                               </u>
office or registers	ad accord or both, in the State o	f Florida, Such change w	es authorized by the cornorat	poration submits this statement for the pur tion's board of directors. I hereby accept	pose or changing its registered the appointment as registered
agent. I am famili	a) with and recent the obligati	igns of, Section 607.0505	i, Florida Statutes.		Inlas
SIGNATURE	Styley Clusary				27/10
Signature	Typed Printed name of registered age OFFICERS AND		(NOTE: Registered Agent signature requir		DATE .
12.		DELETE	13, 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
	SAROFF, STEPHEN M				Change C Addition
j		MI IE	1.2 NAME		4
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