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 # P97000076879 (0)

Principal Place of Business 2430 SW 86 AVENUE DAVIE FL 33324	Mailing Address 2430 SW 86 AVENUE DAVIE FL 33324			DO NOT WRITE IN T	
2. Principal Place of Business	2a. Mailing Address			09/04/1997 4. FEI Number	Applied For
21	26			65-0795703	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		· ·	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zıp	Country	,	8. This corporation owes or has paid th	
24 25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current PAOLELIA, JAY	Registered Agent	81	Name	10. Name and Address of New Registe	ered Agent
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation SIGNATURE	and 607,1508, Florida Statut I Florida Such change was a ons of, Section 607,0505, Fix	83 84 les, the above authorized borida Statute	City		PL 85 Zip Code pse of changing its registered appointment as registered
Signature, typed or printed name of registered agent	and little if applicable (NOI	E Registered Ap	ent signature requ	uired when rainstating) D/	ATE
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
NAME PAOLELLA, JAY STREET ADDRESS 2430 SW 86 AVENUE CITY- ST-ZIP DAVIE FL 33324	DELETE	1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1			Change Addition
TITLE	DELETE	2.1 TITLE			Change Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREE			
CITY-S1-ZIP TITLE NAME STREET ADDRESS	DELETE	2 4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE			☐ Change ☐ Addition
CITY-SI-ZIP	☐ DELETE	3.4. CITY- 4.1 TITLE]		☐ Change ☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP e not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information if true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in address. 14. I hereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation or the reliever or trustee of Block 12 or Block 13 if changing, or on an attachment with an or

. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY - ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

Change

Change

Addition

☐ Addition

FILED

Apr 17 1998 8:00am

Secretary of State