## 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

## **FILED** Apr 24 1998 8:00am Secretary of State

DOCUI 1. Corporation REARD	MENT n Name ON, INC	# P970	000774	41 (8)			
Principal Place	e of Busines	S	Mailing A	ddress			i isabisabi sira saini ibaki dakin dakin dakin dakin sabin tabih tabih dabih digit dilimbi tibi tabi
9444 SW 51 PLACE			9444 SW	51 PLACE			
COOPER CITY FL 33328			COOPER	COOPER CITY FL 33328			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							09/05/1997
2. Principal P	lace of Busin	ness	2a, Mailin	g Address		• • •	4. FEI Number Applied For
21			26	<b>⊢</b> ¬			4-16-98 Not Applicable
Suite, Apt.	#, etc.		Suite,	Suite, Apt. #, etc.			SR 75 Additional
22			27	<del></del>			5. Certificate of Status Desired Fee Required
City & State	в		City &	State			6. Election Campaign Financing \$5.00 May Be
23			28	<u></u>			Trust Fund Contribution Added to Fees
Zip		Country	Zip		Country	/	8. This corporation owes or has paid the current year Intangible
24	o Name	and Address of C	29 urrent Registered #	nent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
DC	ARDON, KI		ontone rogistores r	.80	81	Name	
	14 <b>SW</b> 51 I				82	ļ	
COOPER CITY FL 33328							et Address (P.O. Box Number is Not Acceptable)
	O GIT OIL	, , , , ,			83	<u> </u>	
					84	City	FL 85 Zip Code
11, Pursuant 1	to the provis	ions of Sections 60	7.0502 and 607.1508	3. Florida Statu	tes, the abov	e-named	ed corporation submits this statement for the purpose of changing its registered
agent. La	egistered ag m <b>fam</b> iliar w	ith, and accept the	state of Fiorida. Suc of Sections, at a Section	n change was on 607.0505, Fl	authorized b Iorida Statute	y tne corp s.	ed corporation submits this statement for the purpose of changing its registered or
SIGNATURE	K	H5 (/:	X/				ure required when reinstating)  DATE
	Signatur typed		ed agent and tile it applica	blo (NO		ent signature	
12. TITLE	PS	OFFICER	S AND DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	REARDON, KENNETH J			LJ DELETE	1.2 NAME		Change C Addition
STREET ADDRESS		N 51 PLACE			1.3 STREE	ADDRESS	
CITY-ST-ZIP		R CITY FL 33328			1.4 CITY-1		
TITLE	<u> </u>			DELETE	21 TITLE	51-21	Change Addition
NAME					2.2 NAME		
STREET ADDRESS	*				2.3 STREET	ADDRESS	
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP	
TITLE			*·	DELETE	3.1 TITLE		Change Addition
NAME					3.2 NAME		
STREET ADDRESS					3.3 STREET	ADDRESS	
CITY-ST-ZIP			···		3.4. CITY-	S1-ZIP	
TITLE				DELETE	4.1 TITLE		Change Addition
NAME					4. 2 NAME		·
STREET ADDRESS					4.3 STREET	ADDRESS	3
CITY-ST-ZIP				Drugge	4.4 CITY - 5	T-ZIP	
TITLE				☐ DELETE	5.1 TITLE	}	Change Addition
NAME					5.2 NAME		
STREET ADDRESS					5.3 STREET		5
CITY-ST-ZIP TITLE				DELETE	5.4 CITY - S	IT-ZIP	Channe
NAME				OCCUP	6.1 TITLE		Change Addition
STREET ADDRESS					6.2 NAME	ADDOLCC	
CITY-ST-ZIP					6.3 STREET		
	ertify that th	e information suppli	od with this filion do	os not rustifu f	64 CHY-S		ated in Section 119 07(3Vi). Florida Statutes, I further certify that the information

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio 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 apachment with an address.

4-11.00