## 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

P97000078309 (6)

FILED May 20 1998 8:00am Secretary of State

1. Corporation Na	ime	076309 (6)				
Principal Place of	Business	Mailing Address			4 indisant tib satur sante datte datte datte satur satur satur	
1249 HARDEE RD		1249 HARDEE RD				
CORAL GABLES F	FL 33146	CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 09/09/1997	
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0786143 Not Applicable	
Suite, Apt. #, e/	tc.	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	<b>7</b> (p)	Countr		Trust Fund Contribution	
24 24	Country 25	h	Countr	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	Name and Address of Current	29 Registered Agent	30]		10. Name and Address of New Registered Agent	
	HINSON, JAMES NEAL JR.		81	Name		
	IARDEE RD		82	Street Add	idress (P.O. Box Number is Not Acceptable)	
	GABLES FL 33146		0.5	Sileel Aut	oress (F.O. Box Namber is Not Acceptable)	
			83	9	· ·	
	^		84 City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules.						
SIGNATURE	Mure, typed or printed name of regulared agen		or Barrior		juried when ronstaling) DATE	
12,	OFFICERS AND	· · · · - · · · · · · · · · · · · ·	13.	jorn signalure roqi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>, D</u>	DELETE	1 1 TITLE	T	☐ Change ☐ Addition	
NAME (1)	arm Nixon		1 2 NAME	ľ		
STREET ADDRESS	arry Nixon 26 S. Federal Highwa	44	13 STREE	T ADDRESS		
CITY-ST-ZIP	L. Lanaemane. FL	22216	14 CITY -	ST-7IP		
TITLE D	, V P '	☐ DÉLÉTE	2 1 1HTLE		Change Addition	
NAME L	eo D. Sheridan	1	2.2 NAME			
STREET ADDRESS 17	149 Hardee Road	<u>[</u>	2 3 STREE	T ADDRESS		
CITY-SI-ZIP	m Gables, FL 3	DELETE	2. 4 CITY -	-ST - ZIP	Change Addition	
NAME A	41,0		3.1 TITLE 3.2 NAME		LI Change LI Applica	
STREET ADDRESS	real Hutchinson			T ADDRESS		
CITY-ST-ZIP	249 Hardee Road evalGables, FL	221X1.	3.4. CITY-			
TITLE	eralication, I'L.	DELETE	4.1 TITLE	51 211	☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
TITLE		☐ DEFELE	5.1 TITLE		Change Addition	
NAMÉ			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		T OFFE	5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME STREET ADDRESS			6.2 NAME	į.		
STREET ADDRESS				1 ADDRESS		
CITY-\$1-ZIP	v that the information supplied wit	i this filmo does not qualify fo	6.4 CITY- or the exemi		in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

14. Thereby 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 13 if changed, or on an attachment with an address.

CIGNATURE S-hal Hutch

11019A ANT-7/A-A110