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 May 01 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # P9700	0084240 (5)			
,	/CALLAWAY VENTURES, II	NC.		1 (88)(88) (88 (81)) 1884 8844 8844 8844 8844 8844	<u> </u>
Principal Place of Business		Mailing Address		- I COMESTANT AND LONIN LINES CONSTRUCTOR #01/11 00 121 12	illa Blade appri badil eest soot
215 SW LEJEUNE RD. MIAMI FL 33134-1799		215 SW LEJEUNE RD.			
		MIAMI FL 33134-1799		DO NOT WRITE IN THIS SPACE	
	•			3. Date Incorporated or Qualified	JORACE
				09/29/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
		26		65.0787335	Not Applicable
Surte, Apt. #. 9tc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	This corporation owes or has paid the current Personal Property Tax due June 30.	urrent year Intangible Yes No
- -4	9. Name and Address of Curre		1	10. Name and Address of New Registered	
DA	VID, MARY A	A	B1 Name		
215 SW LEJEUNE AD.			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33134-1799			83		
C			83		
N .			84 City	FI	85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	es the above-named cor		
office or i	registered agent, or both, in the State am familiar with, and accept the obli-	te of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the purpose a lion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	and and any processor	general and transfer our source, the	The Contract of		
	Signature, typed or printed name of registered a		Registered Agent signature requ		D D D D D D D D D D D D D D D D D D D
12.	OFFICERS AL	NO DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	ROSEN, NORMAN S	L. Petere	1.2 NAME		C Ontaing
STREET ADDRESS	215 SW LEJEUNE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134-1799		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ROSEN, CLIFFORD D		2.2 NAME		
STREET ADDRESS	215 SW LEJEUNE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134-1799		2 4 CITY-ST-ZIP		
TITLE	0	☐ DELETE	31 TITLE		Change Addition
NAME	OLSON, RICHARD		3.2 NAME		
STREET ADDRESS	215 SW LEJEUNE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134-1799	DECETE	3.4. C(TY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STORES ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		band	5.2 NAME		· • • — · ·
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DFLETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP			6.4 CITY - \$1 - ZIP		

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 function indicated to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or on an attaching it with an address.