FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29 1998 8:00am Secretary of State

	1990				-	
	MENT # P9700 NAL TRUST MORTGAGE (00089296 CORPORATION	3 (2)			
Principal Pla	ce of Business	Mailing Addre	SS	·		
•		•				
5769 S. UNIVERSITY DR. 5769 S. UNIVERSITY DR. DAVIE FL 33328						
		•				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
-						10/16/1997
—	cipal Place of Business 28. Mailing Add					4. FEI Number Applied For
1 26 26 C						65-0788958 Not Applicable
¬			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22 27 27 City & State C			City & State			Fee Required
23		28	Only & Diano			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	,	
24	25	29	30	<u>-</u>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9, Name and Address of Curr			-		10. Name and Address of New Registered Agent
CC	PROPORATION SERVICE COMPA			81	Name	
	01 HAYS STREET			-	<u> </u>	Mark Stewart
	LLAHASSEE FL 32301-2525			82	Street	Address (P.O. Box Number is Not Acceptable) 5769 South University Drive
				83		5703 Bouch Oniversity Dilve
				84	City	Davie FL 85 Zip Code 33328
11. Pursuant	to the provisions of Sections 607,0	502 and 607-1508, Flo	rida Statutes,	the above	e-named	corporation submits this statement for the purpose of changing its registered
office or a	registered agent, or 3 nth, in th i S ta am familiar with hold a ccept the dell	ito of Florida. Such cha	ange was auti	horized by	the cor	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
	III Carl		7.0000, 110110	ia Sidiules	>.	1/10/08
SIGNATURE	Signature typed or printed name of registered a	agold and title if applicable	(NOTE R	egistered Age	nt signature	e required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			DELETE	1.1 TITLE		P/D Change XXAddition
NAME	1		1.2 NAME		Mark Stewart	
STREET ADDRESS				1.3 STREET	ADDRESS	5769 S. University Drive
CITY-ST-ZIP			1.4 C/TY-5		T - ZIP	Davie, Fla., 33328
TITLE			DELETE	21 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET	address	
CITY-ST-ZIP				2.4 CITY - S	T-ZIP	
TITLE		<u></u>	DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY-ST-ZIP		···		3.4. CITY - S	T - 7 (P	
TITLE		∐ (DELETE	4.1 THLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-SI	- ZIP	
TITLE			DELETE	5.1 TOLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET A	ADDRESS	
CITY-ST-ZIP				5.4 CITY - ST	- ZIP	
TITLE		LJ C	DELETE	61 THLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET /	ADDRESS	
CITY-ST-ZIP	and the state of t			6.4 CITY - ST	- ZIP	
indicated	erury that the inform a tion supplied i on this a nnual report or supplemen	with this filing does no talraanual report is tru	t qualify for the	ne exempti te and tha	ion state t my sigr	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

14. I hereby 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 logal effect as if made under oath; that I am an officer or director of the corporation or the reference inverse trust is 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 the allachment with an address.

CICALATUDE.

1-19-98

954-680-9114