## 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 #

Principal Place of Business

P97000091163 (0)

Mailing Address

STEVEN C. KLEIN, CPA, P.A.

FILED
May 08 1998 8:00am
Secretary of State



7522 WILES ROAD SUITE 210 CORAL SPRINGS FL 33067			7522 WILES ROAD SUITE 210 CORAL SPRINGS FL 33067					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
9 Principal Pla	ore of Businese	20 M	lailing Address					10/23/1997 4. FEI Number
2. Principal Place of Business 2. 26			. Walling / Kickless					65-0790143   Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					S8.75 Additional
22								5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23								Trust Fund Contribution Added to Fees
Zip	Country			Country				This corporation owes or has paid the current year Intangible
24	25	29	ad Agant	30	т			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	aur Hebister	ed Agent		81	Nar	ne	10. Name and Address of New Neglistered Agent
	MONT & NEIMAN, P.A.					140		
ONE BISCAYNE TOWER SUITE 3550					82 Street Address (P.O. Box Number is Not Acceptable)			
	VO SOUTH BISCAYNE BOULE			83	<del>                                     </del>			
M	IAMI FL 33131					<u></u>		
					84	City	•	FL 85 Zip Code
agent. I an SIGNATURE	n familiar with, and accept the obli Signature typed or profest name of registered a	gations of, S gent and title if a	Section 607.0505, F	Torida Sta	atule: ed Age	\$.		ion's board of directors. I hereby accept the appointment as registered ed when reinstating)  DATE
12.	OFFICERS A	ND DIRECTO		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE		TITLE			☐ Change ☐ Addition
NAME	KLEIN, STEVEN C	***			MAME			
STREET ADDRESS	7522 WILES ROAD STE.					ADDRE	SS	
CITY-ST-ZIP	CORAL SPRINGS FL 3306	<del> </del>	DELETE			ST - ZIP	<del></del>	Change Addition
TITLE			L'1 pereit		IIILE			Citalige
NAME					VAME		00	
STREET ADDRESS						ADDRE	55	
CITY-ST-ZIP TITLE			DELETE		CHY-:	ST - ZIP		Change Addition
NAME					NAME			· — • —
STREET ADDRESS						ADDRE	ss	
CITY-ST-ZIP				3.4	CITY-	ST-ZIP		
TITLE			DELETE		TITLE			Change Addition
NAME				4.2	NAME			
STREET ADDRESS				4.3	STREET	ADDRE	ss	
CITY-ST-ZIP	<u> </u>					ST-ZIP		
TITLE			ĐEL <b>ete</b>		TITLE			Change Addition
NAME				5.21	NAME			
STREET ADDRESS				1		ADORE	SS	
CITY-ST-ZIP			DELETE			ST-ZIP		Change Addition
TITLE			L. DELETE	- 1	TITLE			Cutada Mando
NAME		$\sim$	//	1	NAME			
STREET ADDRESS		/ `	/			I ADDRE	22	•
CITY+ST-ZIP	ertify that the information sumplied	with this till	does not qualify	for the ex	(OD)	ST-ZIP ation s	tated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of officer or o	an this annual roped or supplemen	itil annafal re eigen or tra	∯ioit is true and ac stee empowered to	courate ar	าศ th	at mv	sionatur	re shall have the same legal effect as if made under oath; that I am an uired by Chapter 607, Florida Statutes; and that my name appears in