## 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 # P97000092446 (8)

T.F. SUSICH & ASSOCIATES, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Ad	Idress				4 I MANINDAL TIND LONGS HODIN MOUNT DURING DA		IIDIR OIUM OI	
10689 SW 88TH ST. SUITE 312 10689 SW 88TH ST. SUITE MIAMI FL 33176 MIAMI FL 33176				TE 312			DO NOT WRITE	IN THIS SF	'ACE	
ļ							3. Date Incorporated or Qualified		***********	<u> </u>
							10/27/1997			
2. Principal Place of Business 2a. Mailing Addr				\$			4. FEI Number		<u> </u>	pplied For
Suite Ant	# alc	26 Suite /	hat 41 ata				650788078			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired Search Fee Required			
City & Stat	G <del>C</del>	<del>}−</del> ¬ '	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Count	ry		8. This corporation owes or has pa			
24	25 29			30			Personal Property Tax due June 30.  Yes No			
	9. Name and Address of Cu	rrent Registered Ap	ent				10. Name and Address of New Re	gistered Aç	ent	
C	Onnie Bowers and Assoc	HATES, INC.		8	1 Name	)				
16938 S DIXIE HWY MAMI FL 33157					2 Street	reet Address (P.O. Box Number is Not Acceptable)				
	THE COLOR			8	3					
				8	4 City			FL	<b>65</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508	Florida Statute	as the abo	ve-namer	1 corpor	ration submits this statement for the n		hanging it	te registered
office or r agent I a	registered agent, or both, in the S im familiar with, and accept the ol	tate of Florida. Such bligations of, Section	change was a 607.0505, Flo	uthorized t rida Statut	by the co	rporatio	ration submits this statement for the p n's board of directors. I hereby accep	it the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registerer	d agent and bille if applicable	p (NOTE	Registered A	gent signatur	re required	when reinstating)	DATE		<del></del>
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFIC	ERS AND [	PECTOR	1S IN 12
TITLE			DELETÉ	1.1 TITLE		Pres	sident , ,		Change	Addition
NAME				1.2 NAME		Virgi	iniv I durch			
STREET ADDRESS				1.3 STRE	T ADDRESS		89 N. KENDALL Drive :	suit 31	12	
CITY-ST-ZIP				1.4 CiTY-	ST-ZIP	MI	AMI 71. 33173			
TITLE			DELETE	21 TITLE					Change	Addition
NAME				2 2 NAME		}				
STREET ADDRESS				2.3 STAE	T ADDRESS					
CITY-ST-ZIP			Tables.	2. 4 CITY		4			_	
TITLE		1	DELETE	3.1 TITLE				Ľ	_] Change	Addition
NAME SYSTEM ADDRESS				3.2 NAME						
STREET ADORESS					T ADDRESS					
CITY-ST-ZIP TITLE			DELETE	3.4. CITY		+		<del></del>	1 Che	A addition
NAME			vc.c.ic	4.1 TITLE				L	_) Change	L Addition :
STREET ADDRESS				4. 2 NAM						
					TADORESS					
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - 5.1 TITLE		1		<del></del>	Change	☐ Addition
NAME		'	J. J.L.I.L	5.1 TITLE 5.2 NAME				<u> </u>	1 Anguite	C ABUIIDII
STREET ADDRESS										
					T ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY- 6.1 TITLE	21 - ZIP	<del> </del>		<del></del>	Change	Addition
NAME		•	5	6.2 NAME		1		L	T OHRUNG.	LI MUUIUUII
STREET ADDRESS					T ADDRESS					
CITY-ST-ZIP										
	postitu that the information supplies	d with this filing doc	a pat a valification	6.4 CITY-		1	notion 440 07/2VI) Florida Chab dan 14			<del></del>

recovery unal tre information supplied with this liting does not quality 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 12 or Block 13 if changed, or on an attachment with an address.

(305) 596-4844