## 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

P97000093925 (0)

FILED

98 JAN 22 PM 12: 28

SECKE MALY OF STATE

NOVEMBER PROJECT I CORP.				TALLAHASSEL, FLU	JRIVA
Principal Play	ce of Business	Mailing Address			
		_			
7695 S.W. 104TH STREET 7695 S.W. 104TH STREET SUITE 210 SUITE 210			EEI		
MIAMI FL 33156		MIAMI FL 33156		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/03/1997	
<b>2.</b> Principal F	Place of Business	2a. Mailing Address		4. EEI Number	C Applied For
21 Cuita Am	4 -1-	[26]		1/pp/12 10	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		E Florier Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Registers	d Agent
Li	ITMAN, ERIC P		81 Name		
	95 S.W. 104TH STREET	·	82 Street Add	Iress (P.O. Box Number is Not Acceptable)	<del></del>
St	JITE 210				
MI	AMI FL 33156		83		
			84 City		■ 85 Zip Code
			' '	F	L
11. Pursuant	to the provisions of Sections 607 050 registered agent, or both, in the State	02 and 607.1508, Florida <b>Sta</b> e of Florida, Such chance wa	lutes, the above-named corp s authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent la	am familiar with, and accept the oblig	jations of Section 607.0505,	Florida Statutes.	more board of an octors Theroby doods! the d	ppointmont do rogistaroa
SIGNATURE					
12.	Signature, typod or prioled name of registered ag	ient and title if applicable (N 4D DIRECTORS	IOTE Registered Agent signature requi	PER When rolestating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	SPD OF TOURS AR	DELETE	1.1 TOLE	ADDITIONAJOHANAES TO OTT ICETO A	Change Addition
NAME	LITTMAN, ERIC P		1.2 NAME	000002400	39500 l
STREET ADDRESS	7695 S.W. 104TH STREET		1.3 STREET ADDRESS	00000240I -01/22/98-	-01065028
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY - ST - ZiP	***6150.00	) ****150.00
TITLE		DELETE	21 TITLE	<del></del>	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-S1-ZIP		
TITLE		☐ DELFT <b>E</b>	31 THLF		Change Addition
NAME	1		3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7IP		
TITLE		☐ DELFTE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		**************************************	4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 THLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		···	5.4 CITY - ST - ZIP		77
TUTE		☐ DELET <b>E</b>	6.1 TITLE	( <b>W</b> )	Changy L Addition
NAME			6.2 NAME	$\mathbf{\mathcal{Y}}_{\mathbf{\mathcal{I}}}$	<i>1</i> 7./
STREET ADDRESS			6.3 STREET ADORESS	12.	<i>( 17</i>

6.4 C(1)Y+S1+Z(P 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.