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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095147 (9)

FLC	DRAL & HEA	rty designs, in	IC. Mailing Address	,		
	10TH TERRACE			315 NW 10TH TERRACE HALLANDALE FL 33009		
HALLANDALE FL 33009			HALLANDALE FL 33009			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 11/06/1997
	Principal Place of Business 2a. Mailing Address				_	4. FEI Number - Applied For
21 26				<u> </u>		65-079 2395 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc. 27			5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip		Country	Zip	Countr	v	
24	25 29 30			,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
- V	9, Name	and Address of Curre		1001		10. Name and Address of New Registered Agent
	TILLEM, SCO	ΠE		81	Name	
	10 FAIRWAY DRIVE SUITE 219				Street A	Address (P.O. Box Number is Not Acceptable)
DEERFIEDL BEACH FL 33441				62	000.77	toured (i.e. son Halling in May Not operating)
				B3		
				84	City	85 Zip Code
						FL T
office	or registered ac	cent, or both, in the Stat	02 and 607.1508, Florida Sta tu e of Florida. Such change was gations of, Section 607.05 <mark>05,</mark> F	authorized b	ly the corp	corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
SIGNATU		or printed harve of registered ac	nest and title if supplicable (NC	1E: Registered Ac	innt signature t	required when reinstating) DATE
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTS DELETE 1.11		1.1 TITLE		☐ Change ☐ Addition	
NAME	ERRAIR, MICHELE R			1.2 NAME	}	
STREET ADOR				1.3 STREET ADDRESS		
CITY-ST-ZIP	-ZIP HOLLYWOOD FL 33019			1.4 CITY - ST - ZIP		
TITLE	D		☐ DELETE	2.1 TITLE		Change Addition
NAME		, MICHELE R		2.2 NAME	1	
STREET ADDR	HOLLSONGOD EL MANAG			2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019			2. 4 CITY - ST - ZIP		
TITLE			☐ DELETE	3.1 TITLE		L Change L Addition
NAME				3.2 NAME		
	STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	3.4. CITY-ST-ZIP DELETE 4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		C onungo C Addition
	STREET ADDRESS			4.3 STREET ADDRESS		
	CITY-ST-ZIP			4.4 City-St-2iP		
TITLE			☐ DELET E			Change Addition
NAME				5.2 NAME		
STREET ADDR	ess			5.3 STREE	T ADDRESS	
CITY-ST-ZIP				5.4 GITY -		
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ANDR	FSS			63 STREE	T ADDRESS	

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 11 if changed, or on an altachment with an address