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

PROFIT CORPORATION **ANNUAL REPORT** 



## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

**FILED** Feb 27 1998 8:00am Secretary of State

2. Principal Place of Business 28. Mailing Address 4. In Suite, Apt #, etc. 29. Suite, Apt	DO NOT WRITE IN THIS SPACE  ale Incorporated or Qualified  11/19/1997  El Number
BAL HARBOUR FL 33154  2. Principal Place of Business 2. Suite, Apt #, etc. 2. Suite, Apt #, etc. 2. City & State 3. City & State 4. City & Sta	ate Incorporated or Qualified  11/19/1997  Et Number
2. Principal Place of Business 22. Mailing Address 23. Suite, Apt #, etc. 25. City & State 27. City & State 28. City & State 29. Suite, Apt #, etc. 29. Zip 20. Country 20. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name and Address of Current Registered Agent 29. Name 20. Street Address (P. Bal, HARBOUR FL 33154  29. Street Address (P. Bal, HARBOUR FL 33154  20. Street Address (P. Bal, HARBOUR FL 33154  20. Street Address (P. Bal, HARBOUR FL 33154  21. City & State 29. Street Address (P. Bal, HARBOUR FL 33154  20. Street Address (P. Bal, HARBOUR FL 33154  20. Street Address (P. Bal, HARBOUR FL 33154  21. City CERS AND DIRECTORS 22. City Street Address of Current Registered Agent Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent 1 and familiar with, and accept the obligations of. Section 607.0505, Florida Statutes  23. Interest Address (P. Bal, HARBOUR FL 33154  24. City State 25. Street Address (P. Bal, HARBOUR FL 33154  25. Street Address (P. Bal, HARBOUR FL 33154  26. Street Address (P. Bal, HARBOUR FL 33154  27. City State Address of Current Registered Agent Statutes, the above-named corporation of Florida Statutes, the above-nam	ate Incorporated or Qualified  11/19/1997  Et Number
2. Principal Place of Business 28. Mailing Address 4. 28. Suite, Apt #, etc. 5. 28. City & State 5. City & State 6. 19. Suite, Apt #, etc. 6. 19. Suite, Apt #, etc. 6. 19. Suite, Apt #, etc. 7. Suite, Apt #, etc. 8. Suit	11/19/1997  El Number
Suito, Apt #, etc  Suito, Apt #, etc  City & State  City & State  City & State  City & State  Zip  Zip  Country  Zip  Po Name and Address of Current Registered Agent  OLSEN, JOHN  224 BAL BAY DRIVE  BAL HARBOUR FL 33154  B1 Name  B2 Street Address (P.  B3 BAL HARBOUR FL 33154  B4 City  T1. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes.  SIGNATURE  Biguillare, typed or printed name of registered agent and this direction.  TILE  D  LOEB, JASON  IT TILE  D  LOEB, JASON  IT NAME	Applied For Not Applied For Not Applied For Not Applicable \$8.75 Additional Fee Required Status Desired \$5.00 May Be Added to Fees his corporation owes or has paid the current year Intangible ersonal Property Tax due June 30. Yes No lame and Address of New Registered Agent  P. Box Number is Not Acceptable)  FL 85 Zip Code
Suito, Apt #, etc  Suito, Apt #, etc  City & State  City & State  City & State  City & State  Zip  Zip  Country  Zip  Po Name and Address of Current Registered Agent  OLSEN, JOHN  224 BAL BAY DRIVE  BAL HARBOUR FL 33154  B1 Name  B2 Street Address (P.  B3 BAL HARBOUR FL 33154  B4 City  T1. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes.  SIGNATURE  Biguillare, typed or printed name of registered agent and this direction.  TILE  D  LOEB, JASON  IT TILE  D  LOEB, JASON  IT NAME	Rot Applicable  \$8.75 Additional Fee Required  Status Desired  Status Desired
Suite, Apt #, etc    27	sertificate of Status Desired S8.75 Additional Fee Required  lection Campaign Financing S5.00 May Be Added to Fees his corporation owes or has paid the current year Intangible ersonal Property Tax due June 30. Yes No lame and Address of New Registered Agent  D. Box Number is Not Acceptable)
City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature, typed or printed name of registered agent and talk if applicable  Signature  Signature, typed or printed name of registered agent and talk if applicable  Country  Zip  Name  Signature to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  Signature Signature, typed or printed name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused to the printed name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused to the printed name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required when refused name of registered agent and talk if applicable  CNOTE Registered Agent signature required name of registered agent and talk if applicable  CNOTE Registered Agent signature required name of registered agent and talk if a	Fee Required    Fee Required
City & State    Zip	lection Campaign Financing structure to the contribution
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Zip Country Zip Country Zip Country 8, 44	ersonal Property Tax due June 30. Yes No lame and Address of New Registered Agent  D. Box Number is Not Acceptable)  FL 85 Zip Code
9. Name and Address of Current Registered Agent  OLSEN, JOHN 224 BAL BAY DRIVE BAL HARBOUR FL 33154  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed favore of registered agent and this if nythicable. (NOTE Registered Agent signature required when received the composition of the CLORS In the CLO	Box Number is Not Acceptable)  FL 85 Zip Code
OLSEN, JOHN 224 BAL BAY DRIVE BAL HARBOUR FL 33154  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's be agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if registered Agent signature required when refull.  12. OF FICERS AND DIRECTORS  13. A  TITLE  D  LOEB, JASON  1.2 NAME  LOEB, JASON  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33141  1.4 CITY-ST-ZIP  TITLE  D  L. DELETE  2.1 TITLE  D  OLSEN, JOHN  OLSEN, JOHN	Box Number is Not Acceptable)  FL 85 Zip Code
224 BAL BAY DRIVE BAL HARBOUR FL 33154  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's be agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when received agent and title if applicable (NOTE Registered Agent signature required when received agent signature required agent signature required when received agent signature required agent signature required when received agent signature required agent signat	FL 85 Zip Code
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SIGNATURE  Signature, typed or printed name of registered agent and talk at applicable. (NOTE Registered Agent signature required when respectively)  12. OF FICERS AND DIRECTORS  13. A  TIFE  DELETE  1.1 TIFE  1.2 NAME  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33141  DELETE  2.1 TIFE  DOLSEN, JOHN  OLSEN, JOHN  OLSEN, JOHN	
SIGNATURE Signature: typed or printed have of registered agend and tills if in placeble. (NOTE Registered Agent signature required when recommendation of the commendation of the commenda	summire this statement for the number of changing its registered.
SIGNATURE Signature: typed or printed have of registered agend and tills if in placeble. (NOTE Registered Agent signature required when recommendation of the commendation of the commenda	ard of directors. I hereby accept the appointment as registered
12. OF LICERS AND DIRECTORS   13. A	
12. OF LICERS AND DIRECTORS   13. A	nslating) DATE
NAME         LOEB, JASON         1.2 NAME           STREET ADDRESS         460 SOUTH SHORE DRIVE         1.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI BEACH FL 33141         1.4 CITY-ST-ZIP           TITLE         D         L DELETE         2.1 TITLE           NAME         OLSEN, JOHN         22 NAME	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
STREET ADDRESS   460 SOUTH SHORE DRIVE   1.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP   MIAMI BEACH FL 33141   1.4 CITY-ST-ZIP	
TITLE D  L DELETE 21 TITLE  OLSEN, JOHN  22 NAME	
NAME OLSEN, JOHN 22 NAME	
ANA DAY DONE	Change Addition
STREET ADDRESS 224 BAL BAY DRIVE 2.3 STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP BAL HARBOUR FL 33154 2 4 CITY-ST-ZIP TIFLE DELETE 31 TIFLE	Change Addition
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STREET ADDRESS 3.3 STAFET ADDRESS	
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TITLE DELETE 4.1 TITLE	Change Addition
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THRE DELETE 51 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	
NAME 6.2 NAME	☐ Change ☐ Addition.
STREET ADDRESS 6.3 STREET ADDRESS	Change Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exploition stated in Section indicated on this annual report or supplied with this filing does not qualify for the exploition stated in Section indicated on this annual report or supplied with this filing does not qualify for the exploition of the corporation of the receiver or trustee empowered to execute his report as required by	Change Addition