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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 18 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000104764 (0)

Block 12 or Block 13 if changed, or on an attachment with an address.

JENNINGS & VALANCY, P.A.

Principal Place of Business Mailing Address					(1 99(I)) 8(B)( 188(B B)(I) B(B) (B8)		
ONE EAST BROWARD BOULEVARD		ONE EAST BROWARD BOULEVARD					
SUITE 1505		SUITE 1505		DO NOT WIDITE IN T	110 0D4 0E		
FT. LAUDERDALE FL 33301		FT. LAUDERDALE FL 33301		DO NOT WRITE IN To  3. Date Incorporated or Qualified	HIS SPACE		
					12/11/1997		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0799968	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	_ ' _ "	
24	25 9. Name and Address of Current	29	30]		Personal Property Tax due June 30.	☐ Yes ☐ No	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	Hadisteled Wallit	81	Name	10. Name and Address of New Registe	red Agent	
	NNINGS, ROBERT L		"	Name			
ONE EAST BROWARD BOULEVARD SUITE 1505			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33301		83				
F1.	LAUDENDALE PL 33301		"	1			
			84	City		FL 85 Zip Code	
11 Purcuant	to the provisions of Sections 607.0502	and 607 1508 Florida Stell	ites the abov	e-nemed o	corporation submits this statement for the purpor		
office or r	egistered agent, or both, in the State o	of Florida. Such change was	authorized b	v the corpo	oration's board of directors. I hereby accept the	appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statute	S.			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NC)	TF: Registered Ac	ont signature r	equired when reinstating) DA	TF	
12.	OFFICERS AND	<del> </del>	13.	to a digital district	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	JENNINGS, ROBERT L		1.2 NAME				
STREET ADDRESS ONE EAST BROWARD BOULEVARD, SUITE 1505			1.3 STREE	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-	ST-ZIP			
TITLE	D	D DELETE :				Change Addition	
NAME	VALANCY, STEVEN S		2.2 NAME				
STREET ADDRESS	ONE EAST BROWARD BOULE	VARD, SUITE 1505	2.3 STREE	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		2. 4 CITY -	ST - ZIP	·		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	ADDRESS			
C(TY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 City-:	31 - ZIP			
TITLE	DELETE		5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY - 1	ST-ZIP			
TITLE		DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. I further certify that the information indicated on this annual report or supplimental 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