## 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 # P97000107110 (3)

AMANDA J. GERTZ, P.A.

Runcit	DBI P	lace	ot Rusi	ness
4000		200	AUCAN	æ

Mailing Address

## **FILED** Apr 15 1998 8:00am Secretary of State



1323 S.E. 3RI FORT LAUDE	D AVENUE RDALE FL 33316	1323 S.E. 3RD AVENUE FORT LAUDERDALE FL		' 11	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  12/22/1997		
	ace of Business	2a. Mailing Address 26			4. FEI Number Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Regulred		
City & State 23	e	City & State	•	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip Country 29 30		ry	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
GE	RTZ, AMANDA J		8	1 Nam			
1323 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316			8	2 Stree	ddress (P.O. Box Number is Not Acceptable)		
, ,	,,,,		8	3			
			8	4 City	FL 85 Zip Code		
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was gations of, Section 607.0505, F	s authorized Florida Statut	by the co	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered		
12.	Signature, typed or printed name of registered as	ND DIRECTORS	13.	gant signati	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	DELETE	1.1 TOTAL		Change Addition		
NAME	GERTZ, AMANDA J		1.2 NAM	E			
STREET ADDRESS	1323 S.E. 3RD AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 333	16	1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition		
NAME			2.2 NAM	E			
STREET ADDRESS			2.3 STRE	ET ADORESS			
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 THILE	'-ST-Z∤P	Change Addition		
TITLE			4. 2 NAM				
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE		Change Addition		
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	et address			
CITY-ST-ZIP			6.4 CITY	-S1-ZIP			

14. Thereby 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 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 of 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.