## 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 # S13266

(9)

Principal Place		Mading Address P.O. BOX 378				 		
SUITE 855 HOLLYWOOD FL 33022		HOLLYWOOD FL 33022				DO NOT WRITE IN THIS SPACE		
US	FL 33022	US				3. Date Incorporated or Qualified	11110 01 1102	
						11/16/1990		
· ·	ace of Business	2a. Mailing Address				4. FEI Number	<b>⊢</b> + ∴	oplied For
Suite, Apt #, etc		Suite, Apt #, etc.				65-0228620	60.75	ot Applicable Additional
22	<b>,</b> (10)	27				5. Certificate of Status Desired		equired
City & State	3	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	to Fees	
<b>Z</b> ₁p	Country	Zip	Count	ry		8. This corporation owes or has paid t		tangible ] No
24 25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26		29	30			Personal Property Tax due June 30  10. Name and Address of New Regis		
g. Name and Address of Current Registered Agent RUDDER, DAVID B.				1 N	Name	10. Hame dies riadiese et item riegie		
	TE 855		8	2 5	treet Address (P.O. Box Number is Not Acceptable)			
	LLYWOOD FL 33022							
			8	3				
			8	4 (	City		FL 65 Zip	Code
SIGNATURE	m familiar with - and accept the obligation of repetitive augmentation of repetitive augmentation of the obligation of t	erg and title of applicable (NO D DIRL CTORS				ration submits this statement for the purpor's board of directors. I hereby accept the division of the purpor state of the	DATE RS AND DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE				Change	Addition
NAME	RUDOER, DAVID B. 3200 ARBOR LANE		1.2 NAMI					
STREET ADDRESS	HOLLYWOOD FL 33021		1.3 STRE 1.4 CITY					
CITY-ST-ZIP	TIOLETTICOD TE GOOZY	DELETE	2.1 THILE		ır		☐ Change	Addition
NAME			2.2 NAM	Ε				
STREET ADDRESS			2.3 \$1RE	ET ADI	DRESS			
CHTY-ST-ZIP			2 4 CITY		ZIP			
TIFLE		DECETE	3.1 TITLE		[		Change	☐ Addition
NAME Close Langueses			3.2 NAMI 3.3 STRE	-	nerse			
STREET ADDRESS CITY-ST-ZIP			3.3 STA		· · ·			
TITLE				4.1 TiTLE			Change	Addition
NAME			4. 2 NAM	1E				
STREET ADDRESS			4.3 STAE		ı			
CITY-ST-ZIP		DELETE	4.4 CITY		'IP		Change	Addition
TIFLE MANAGE		[_] OFFER	5.1 11TLF 5.2 NAM				LT Anange	
NAME STREET ADDRESS			5.3 STRE		DRESS			
City-St-7ip			5.4 CITY		1			
DILE		DELETE	6.1 1IJLE				Change	Addition
NAME			52 NAM	E				
CIDELL ADDRESS			63 \$186	F1 ADI	ngess			ı

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with the indicated on this amount report or supplied with all any officer or director of the corporation of the receiver Block 12 or Block 13 if changed, or or an attact or

SIGNATURE:

**FILED** 

Apr 22 1998 8:00am

Secretary of State

954 922-1427