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

May 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1026 CORP. Principal Place of Business Mailing Address 4500 INVERRARY BLVD. 4560 INVERRARY BLVD. LANDERHILL FL 33319 LANDERHILL FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/11/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0235382 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Ζiρ 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **GRUTTA. PETER R** 11396 NW 3RD PLACE Street Address (P.O. Box Number is Not Acceptable) R2 CORAL SPRINGS FL 33071 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signiflure, typind or printed name of regeroned agent and filled applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE **GRUTTA, MADELYNE** GRUTTA, PETER R NAME 1.2 NAME 11396 N.W. 3RD PLACE 11396 N.W. 3rd PLACE STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CORAL SPRINGS FL CITY-S1-ZIP 1.4 City-SI-ZIP LUBITZ JOSEPHINE DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 7009 NW 99 WAY STREET ADDRESS 23 STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE Change 5.1 THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-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 amount report or supplied enter that I am an officer or director (i) the corporation of the receiver of trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if than 611, or on an attack ment with any indicess.

**FILED** 

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