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

1	MENT # S3155 0 O ND J. ZOMERFELD, P.A. CI T		co		
Principal Plac	e of Business	Mailing Address			
7700 S.W. 10	9 STREET	7700 SW 109 STREET			
#301 MIAMI FL 33156 US		#301 MIAMI FL 33156 US			DO NOT WENT IN THE SPACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
03		03			02/12/1991
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0258664 Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Cartificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Counti	·	Trust Fund Contribution
24	25	29	30	,	8. This corporation owes or has paid the cyrrent year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current		100)		10. Name and Address of New Registered Agent
ZO	MERFELD, RAYMOND J.		8	Name	ne
	00 S.W. 109TH STREET		8:	Street	et Address (P.O. Box Number is Not Acceptable)
MIA	VMI FL 33156		Ĺ		
			8:	3	
			84	City	85 Zip Code
44 8		1007 4400 51 44 5		<u> </u>	ed corporation submits this statement for the purpose of changing its registere
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of transferred agent Signature, typed or punted name of transferred agent OF FICERS AND	tions of, Section 607.0505, F	lorida Statuti	S.	corporation's board of directors. I hereby accept the appointment as registered DATE
TITLE	DP	DELETE	1.1 TITLE	·	Change Additi
NAME	ZOMERFELD, RAYMOND J.		1.2 NAME		
STREET ADDRESS	7700 109TH STREET		1.3 ŠTREI	T ADDRESS	ss
CITY-ST-ZIP	MIAMI FL 33/56		14 CITY-	S1 - 7/P	MiAMI FL. 33156
TITLE		DELETE	2.1 TITLE		Change Addxt
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREE	1 ADDRESS	58
CiTY-ST-ZIP		T priere	2. 4 CITY	· S1 - ZIP	
TITLE		☐ DELETE	31 THLE		Change L. Additi
NAME OTDECT ADDRESS			3.2 NAME		
STREET ADDRESS			3,3 STREE	1 ADDRESS	55
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE	91-71L	Change Additu
NAME		band or water 18	4, 2 NAMI		
STREET ADDRESS				1 ADDRESS	ss
CITY-ST-ZIP			4.4 CITY-		
TITLE		☐ DELETE	5.1 TITLE		Change Additi
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	ss ļ
CITY-ST-ZIP			5.4 CI1Y-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Additi
NAME			62 NAME		+
STREET ADDRESS			i i	1 ADDRESS	32
CITY - ST - ZIP			6.4 CITY-	ST-ZIP	

14. I hereby 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 or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 Block 12 or Block 13 if changed, or on an attachment with an address.

4-7-98

444-8788

FILED

Apr 10 1998 8:00am

Secretary of State