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



	PROFIT PROPRATION JUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					Feb 18 1998 8:00am Secretary of State			
1. Corporation	MENT		S35818	3	(1)		-						
,													
Principal Pla	ce of Business	 -		M	ailing Address						I UNDI INK DIR	I DIBIR BUDA DIDI DI	
3170 NORTH FEDERAL HIGHWAY 103-F LIGHTHOUSE POINT FL 33062-1402 US					P.O. BOX 5143 LIGHTHOUSE POINT FL 33074-5143 US				DO NOT V 3. Date incorporated or Qual	/RITE IN TH	IS SPACE		
US										03/01/1991	n e u		
2. Principal	Place of Busin	oss		2a.	Mailing Address					4. FEI Number		Ар	plied For
	N Feder	cal H	ly	26						59-3069563		No	t Applicable
Suite, Apt				<u> </u>	Suite, Apt. #, etc.				1	5. Certificate of Status Desire	d 🗀	\$8.75 A	
22 XXXXX City & Sta				27	City & State				 	A Flasha Canada Flasha		Fee Re	·
	thouse I	oint	F1 *****	28	Only & State					Election Campaign Financi Trust Fund Contribution	ng 🖂	\$5.00 Added to	
Zip	<u> </u>	Cou			Zip C			<u> </u>		8. This corporation owes or h	as paid the		
24 330					30					Personal Property Tax due] No
			iress of Current	Regis	lered Agent		81	Name		10. Name and Address of Ne	w Registere	d Agent	
OUTOLININ, LOUIS IN.										Carol H. Redd			
2400 E COMMERCIAL BLVD #820 FT. LAUDERDALE FL 33308							82			s (P.O. Box Number is Not Acc N. Federal Hy	eptable)		
'	I. LAUDENI	AUL II	L 33300				83		70 1	i rederar ny			
							84	City				ar Zin (\odo
							04	Ligh	hthc	ouse Point	F	L 85 Zip C	64
11, Pursuant	to the provision	ons of Se	ections 607.0502 a	and 6	07.1508, Florida Statute	s, the a	bove	e-named	corpor	ration submits this statement for n's board of directors. I hereby	the purpose	of changing its	registered
agent. I	am familiar wil	and a	ccept the obligation	ons o	Section 607.0505, Flor	rida Sta	tutes	3.	oranor	in a bound of unbodies. I moroby		560	109/3(0100
SIGNATURE	Slengture, types	MA	ame of rog stered again.	not tile	d applicable (NOTE)	Bonistere	d Ago	n) Signature	haviunas	when reinstating)	-2/	1/98_	
12,	Signatore, typetre	4 \$7/1100 II	OFFICERS AND			13.	od rigo	rk algitature i	required	ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 12
TITLE	DP				DELETE	1.1 T	TLE					Change	Addition
NAME	REDD,					1.2 N	AME						
STREET ADDRESS			RAL HWY., #10		1.3 S	1.3 STREET ADDRESS 3		31	170 N. Federal Hy				
CITY-ST-ZIP		OUSE	POINT FL		4ZI ocurre	_	1.4 CITY-ST-ZIP					T Observe	1 1440
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NAME						3.2 N	AME						
STREET ADDRESS	ł					3.3 S	TAEET	ADDRESS					ľ
CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			3.4. [ITY-S	T-ZIP		 			
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NAME						4.21		ADDRESS					
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CITY-ST-ZIP TITLE	 		·		DELETE	4.4 C 5.1 TI	ITY-S' TLE	1- ZIP				Change	Addition
NAME						5.2 N							
STREET ADDRESS								ADDRESS					
CITY-ST-ZIP						•	ITY-SI	ſ					
TITLE					DELETE	61 Te	TLE		-			Change	Addition
NAME	1					6.2 N	AME	- 1					

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 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 Block 12 or Block 13 if changed, or on an ayachment with an address.

SIGNATURE:

STREET ADDRESS

FILED