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

FILED Jan 22 1998 8:00am Secretary of State

1	TH ST	Mailing Address 11331 NW 32ND MAN SUNRISE FL 33323 US			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		04/29/1991 4. FEI Number	Applied For	
21		26		65-0263005	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	y'	8. This corporation owes or has paid the co	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent
	OC, MICHAEL		[8]	TVAITE		
	131 NW 32ND MANOR NRISE FL 33323		82	Street Add	et Address (P.O. Box Number is Not Acceptable)	
30	NUMBE IL 00020		83	 		
				ļ. <u>.</u>		
			i	84 City B5 Zip Code		
office or ragent Ja SIGNATURE	Signature Typed or printed rose of registering a	you good bitis of prophicabile (NC	RESIDE!	UT	poration submits this statement for the purpose fion's hoard of directors. I hereby accept the appropriate when renesating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PT	☐ DITETE	1.1 TOLE			☐ Change ☐ Addition
NAME	• • • • • • • • • • • • • • • • • • •		1.2 NAME			2
STREET ADDRESS	11331 NW 32ND MANOR SUNRISE FL			ADDRESS		[
CITY-ST-ZIP TITLE	VS PURIOE PL	DELETE	1.4 CITY - 5 2.1 TITLE	S1 · ZIP		Change Addition
NAME	KLOC, KAREN	otrete	2.2 NAME	-		C outlings C Admitten
STREET ADDRESS	11331 NW 32ND MANOR			I ADDRESS		
CITY-SI-ZIP	SUNRISE FL		2. 4 CITY-			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	I ADDRESS		
CITY-ST-ZIP			3 4. CITY -	S1 - 7(f)		
TITLE		DEFETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4 3 STAFF			
CITY-ST-7IP		Dr. etc	4.4 CHIY-5	ST - 7IP		
TITLE		☐ DELETE	51 117LE			Change Addition
NAME			5.2 NAME	r ADDOLOS:		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-5 6.1 THLE	51-2Ir		☐ Change ☐ Addition
NAME		Fig. care it	6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
						

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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.

Har Project out