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

**PROFIT CORPORATION ANNUAL REPORT** 



TLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 05 1998 8:00am

Secretary of State

Secretary of Stale DIVISION OF CORPORATIONS \*

1998 **DOCUMENT #** 

S56765

(8)

Principal Place of Business P.O. BOX 612494 NORTH MIAMI FL 33261  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 06/04/1991  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0405225  Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.7' Fee  City & State City & State 27  City & State 28  City & State 29  30  Country 4. Finis corporation owes or has paid the current year Personal Property Tax due June 30. Yes  Principal Place of Business 4. FEI Number 6. Certificate of Status Desired \$5.Certificate of Status Desired \$6.Certificate of Status Desired \$5.Certificate of Status Desired \$6.Certificate of Status Desired \$	
NORTH MIAMI FL 33261  NORTH MIAMI FL 33261  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualried OS/OAD 91  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualried OS/OAD 91  3. Suite. Apt. #, etc.  Suite. Apt. #, etc.  Suite. Apt. #, etc.  City & State  Do Not Write In This SPACE  Suite. Apt. #, etc.  Suite. Apt. #,	iliti aikil 1861
Co Not Watter In T-HS SPACE	
2. Principal Place of Business   2a. Mailing Actoress   4. FEI Number   25. Mailing Actoress   5. Mailing Actoress   4. FEI Number   5. Mailing Actoress	
2. Principal Place of Business   2a. Mailing Address   5. Principal Place of Business   2a. Mailing Address   5. Principal Place of Business   2a. Mailing Address   5. Principal Place of Business   5. Principal Place   5. Principal Place of Business   5. Principal Place	· · · · · · · · · · · · · · · · · · ·
2. Principal Place of Business   2. Mailing Address   4. FEI Number   58-704 S225   28   28   50   50   50   50   50   50   50   5	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   2   2   2   2   2   2   2   2   2	Applied For
City & State  City & State & Country  City & State  City & State & Country  City & State  City & State & Country  City & State	Not Applicable
City & State 28] City & State 28] City & State 28] Country 28 Country 29 Country 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Additional
Zep	Required
Zip   28   29   29   29   30   Country   Personal Property Tax due June 30   Yes   Personal Property Tax due June 30   Yes   Yes   Personal Property Tax due June 30   Yes	O May Be d to Fees
28	
ERBE BONNIE 1135 SHENANDOAH CT MARCO FL 33937  11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Horida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Horida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Horida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 607:05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 607:05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent, and accept the obligations of, Section 607:05:05, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent a	No
113. SHENANDOAH CT MARCO FL 33937    B2   Street Address (P.O. Box Number is Not Acceptable)	
MARCO FL 33937    B3	
B3   B4   City	
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 office or registered agont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Socian 607,0505, Florida Statutes.  SIGNATURE    Signature   Signatu	
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 change was authorized by the corporation's board of directors. Thereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature typed or printed one of registered agent and bits 4 appreciate   (NOTE: Registered agent signature required when reinstating)	
11. Pursuant to the provisions of Sections 607 05:09 and 607 15:09. Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or whoh, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment agent, I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.    SIGNATURE	p Code
Agent. I am familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  DELETE  LITTLE  P.O. BOX 612494 N/A  NORTH MIAMI FL 33261  TITLE  NAME  ERBE, ERNEST  PO BOX 612494 N/A  STREET ADDRESS  CITY-SI-ZIP  TITLE  AMME  STREET ADDRESS  CITY-SI-ZIP  TITLE  MAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  AMME  AS STREET ADDRESS  CITY-SI-ZIP  TITLE  AMME  AS STREET ADDRESS  CITY-SI-ZIP  TITLE  CHORN	its registered
SIGNATURE    Signature   Signa	as registered
Signature typed or printed near late registered agent and tallest algorisation.   NOTE: Registered Agent signature required whon reinstating)   DATE	
TITLE	
NAME   STREET ADDRESS   P.O. BOX 612494 N/A   1.3 STREET ADDRESS   CITY - ST - ZIP   NORTH MIAMI FL 33261   1.4 CITY - ST - ZIP	
STREET ADDRESS	Addition
CITY-ST-ZIP	
TITLE DELETE 21 TITLE CHANGE  NAME ERBE, ERNEST STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  DELETE S1 TITLE S2 NAME S4 CITY-ST-ZIP TITLE S1 TITLE S2 NAME S5 NAM	
STREET ADDRESS   PO BOX 612494	Addition
CITY-ST-ZIP	
TITLE         DELETE         31 TITLE         Change           NAME         32 NAME         32 NAME         32 NAME         33 STREET ADDRESS         CITY-ST-ZIP         34 CITY-ST-ZIP         TITLE         11 TITLE         11 TITLE         11 TITLE         12 NAME         12 NAME         12 NAME         13 STREET ADDRESS         13 STREET ADDRESS         13 STREET ADDRESS         14 CITY-ST-ZIP         11 TITLE         11 TITLE         12 NAME         13 TITLE         14 CITY-ST-ZIP         14 CITY-ST-ZIP <th></th>	
NAME	
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CHY-ST-ZIP   3.4 CHY-ST-ZIP	Addition
34 CITY-ST-ZIP     34 CITY-ST-ZIP     Change	
TITLE         DELETE         4.1 TITLE         Change           NAME         4.2 NAME         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP         TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         Change         Change         Change         Change	
NAME	Addition
STREET ADDRESS         4.3 STREET ADDRESS           DITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         5.2 NAME	- Addition
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         □ Change           NAME         5.2 NAME         □ Change	
TITLE	
	Addition
STREET ADDRESS 5.3 STREET ADDRESS	,
ı	
CITY-ST-ZIP 5 4 CITY-ST-ZIP	
TITLE DELETE 61 TITLE Change	Addition
NAME 62 NAME	ا
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.	ne 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; 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 Block 12 or Block 13 if changed, or on an attachment with an address.	that I am an