## SECOND NOTICE: "CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## **PROFIT** CORPORATION ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # CEO

111

2. Principal Place of Business   2a. Mailing Address   25   3. Dele Incorporated or Qualified   08/06/1991   25   26   3. Dele Incorporated or Qualified   08/06/1991   3. Deletinos   25   3. Deletinos   2	mirom 1 L 9917	ST.	Mailing Address 11035 S.W. 93 ST. MIAMI FL 33176		<del></del>	<u> </u>			
3. Dele incorporated or Qualified O8/06/1991  2. Principal Place of Business	ı	MIAMI FL 33176   MIAMI FL 33176						DO NOT WRITE IN THIS SPACE	
2. Principal Plaine of Business   2a. Mailling Address   4. FET Number   Applied For   Not Applicable   Suite, Apt. #, etc.   State									
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.75 Additional   \$5.00 May Bo City & Status   \$20	2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	Applied For
City & State	21		26	·				65-0278760	Not Applicable
28		#, etc.	h					5. Certificate of Status Desired	
24   25   26   30   Personal Property Tax due June 30.   Yes   No		le							
Section   Sect	<del></del>				untry				
11. Pursuant to the provisions of sections 607 0502 and 607 1508, Flortda Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flortda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the registered agent algorithms required when remarking)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  WESTMORELAND, DAVID H.  1035 S.W. 93 ST.  MIAMI FL 33176  14 CITY-ST-ZIP  TITLE  WESTMORELAND, COLLEEN F  1035 S.W. 93 STREET  DELETE  21 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  11 TITLE  Change Addition  Change Addition  Change Addition  Addition  Change Additi			t Registered Agent		I			10. Name and Address of New Registers	d Agent
MIAMI FL 33176    20   Green Address (F.O. Bix Notification is Not Acceptable)					81 Name		,		
### City ### Land  ##	1				82	Street	t Addres	s (P.O. Box Number is Not Acceptable)	
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 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, and store agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  SUPPLIES SUPP	MIAMI FL 33176				83	ļ			<u>.</u>
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 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, 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, 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, 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, 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, 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, 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, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered agent, or board or directors. I hereby accept the appointment as registered agent, or accept the objective dayent agent as a statutes.  12.					0.5				
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SIGNATURE   Signature, typod or printed name of registered agent and title # applicable. (NOTE: Registered Agent alginature recorded when reinstalling)   DATE   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   NAME   STREET ADDRESS   SW 93 ST.   13 STREET ADDRESS   14 OCTY-ST-ZIP   STREET ADDRESS   ST	11. Pursuant	to the provisions of sections 607 0502	and 607 1508 Florida Stat	utes the al	hove-	named (	corporat		
SIGNATURE   Signature, typod or printed name of registered agent and title # applicable. (NOTE: Registered Agent alginature recorded when reinstalling)   DATE   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE   NAME   STREET ADDRESS   SW 93 ST.   13 STREET ADDRESS   14 OCTY-ST-ZIP   STREET ADDRESS   ST	office or	registered agent, or both, in the State	of Florida. Such change wa	s authorize	d by	the corp	poration	's board of directors. I hereby accept the app	ointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PS DELETE 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME WESTMORELAND, COLLEEN F 11035 S.W. 93 ST. MIAMI FL 33176  TITLE NAME WESTMORELAND, COLLEEN F 11035 S.W. 93 D.STREET MIAMI FL 33176  TITLE NAME WESTMORELAND, COLLEEN F 11035 S.W. 93 D.STREET MIAMI FL 33176  TITLE NAME WESTMORELAND, COLLEEN F 11035 S.W. 93 D.STREET MIAMI FL 33176  TITLE NAME WESTMORELAND, COLLEEN F 11035 S.W. 93 D.STREET MIAMI FL 33176  TITLE NAME WESTMORELAND, COLLEEN F 11035 S.W. 93 D.STREET MIAMI FL 22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-STREET ADDRESS CITY-STREET ADDRESS CITY-STREET		am lamiliar with, and accept the obliga	CUCU. 100 HOROUS ,10 SHUDE	Fiolida Sia	แนเษร	».			
TITLE	SIGNATURE	Signature, typod or printed name of registered agen	it and title if applicable.	(NOTE: Regist	tered A	gent signat	ture require	d when reinstating) DATE	
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CITY-ST-ZIP									
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NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE Addition A			The state			-ZIP	<del> </del> -		<u> </u>
STREET ADDRESS   11035 SW 93RD STREET   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	·		L_ J DELETE						Unange [] Addition
CITY-ST-ZIP									
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME									
NAME         32 NAME           STREET ADDRESS         3.3 STREET ADDRESS           CITY-ST-ZIP         3.4 CITY-ST-ZIP           TITLE         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE           TITLE         Change			DELETE				1		Change Addition
CITY-ST-ZIP	NAME		the second secon	3.2 N	IAME				
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CITY-ST-ZIP	NAME			4.2 N	AME				
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Contract Con			· · · · · · · · · · · · · · · · · · ·			-ZIP	<del> </del>		
NAME   ■5.2 NAME			L_) DELFTE	J					Change Addition
STREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS								
				5.4 C	ITY-ST	-ZIP	1		
C. Dereit	CITY-ST-ZIP		F7	6171	ITI F		†		
Value 147 Mile	CITY-ST-ZIP TITLE NAME		DELETE						Change Addition

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 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 attachment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Oct 07 1998 8:00am

Secretary of State