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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

IN COLOR OF FORT LAUDERDALE, INC.

Secretary of State

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**FILED** 

May 07 1998 8:00am

Principal Place of Business Mailing Address									- 1 10011019 EID 81100 10010 00180 HIN GDII 01013 EI	8 17 4 1 5 1 1 W   W   W	914 81831 1994
3110 N.E. S9TH STREET 3110 N.E. S9TH STREET											
FT. LAUDERDALE FL 33308				FT	FT. LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE		
									3. Date Incorporated or Qualified	S SPACE	
									06/26/1991		
2.	Principal P	lace of Busi	noss	2a.	Mailing Address				4. FEI Number	[ A	Applied For
21				26					65-0325086		lot Applicable
22	Suite, Apt. #, etc			27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Regulated
	City & State				City & State				6. Election Campaign Financing	4	) Мау Ве
23	2			28	28				Trust Fund Contribution		to Fees
	Zip		Country		Ζıp	Country		•	8. This corporation owes or has paid the o		
24			25	29		30			Personal Property Tax due June 30.		□ No
		9. Name and Address of Current Registered Agent							10. Name and Address of New Registers	d Agent	
	GORZECK, MICHAEL							Name			
	3110 N.E. 59TH STREET						82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
FT. LAUDERDALE FL 33308							62	Silest Addres	as (F.O. DOX Number is NOt Acceptable)		
							83				
							84	City	F	<b>85</b> Zip	Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the ab								-named corpo	ration submits this statement for the purpose	of changing	its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's boa agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								in's board of directors. I hereby accept the ap	opointment a	s registered	
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. [NOTE Registered Agent and tale if applicable.]							ered Age	nt signature required	d when reinstating) DATE		
12			OFFICERS AN	ND DIREC		13	3.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO	RS IN 12
111	LE	DPST			☐ DELETE	1.1	TITLE			Change	Addition
NA	ME		EL I. GORZECK			1.2	NAME	ŀ			
STF	REET ADDRESS		.e. 59th st.			1.3	STREET	ADDRESS			
CIT	Y-\$1-ZIP	FT. LAI	JDERDALE FL 33308			1.4	CITY - ST	- ZIP			
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NAI	ME									Change	Addition
STF	REET ADDRESS					2.2	NAME			Change	Addition
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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.