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

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

(8)

FILED Mar 16 1998 8:00am Secretary of State

COTAIN		IFORATION				
Principal Plac	ce of Business	Mailing Address				TIMIT ATATI MINIT QINTE TONE
	MMERCIAL BLVD.	P.O. BOX 491950				
STE 120 STE 120					DO NOT HOUTE IN THIS O	D. O.C.
FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 3330 US US			(9		DO NOT WRITE IN THIS SI	PACE
••		03			3. Date incorporated or Qualified 07/17/1991	•
2 Principal I	Place of Business	2a, Mailing Address			4. FEI Number	
21	1400 01 200111000	26 Naming Address			65-0359395	Applied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.			05-0558585	Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Sta	ite	City & State			Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	7.77	8. This corporation owes or has paid the curre	
24	25		30			Yes No
	g. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered A	gent
S1	rone, arthur o.		81	Name		
38	860 W. COMMERCIAL BLVD		62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
FI	f. LAUDERDALE FL 33309		"	Olfoot Madre	333 (1.0. DOX 140HDEL 13 HOL ACCEPTABLE)	
			83			
			84	O'L.		12-11-5-10-1-
			84	City	FL	85 Zip Code
office or agent. I s	to the provisions of Sections 607.05 registered agent, or both, in the Statement amiliar with, and accept the obli	to 2 and 607, 1508, Florida Statute to of Florida. Such change was a gations of, Section 607,0505, Flo	es, the above- uthorized by rida Statutes.	-named corporation -named -name	oration submits this statement for the purpose of con's board of directors. I hereby accept the appo	hanging its registered intment as registered
	Signature, typed or porited name of registered a	*	: Registered Agen	nt signature require	d when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	
TITLE	PD PD	LJ DELETE	1.1 TITLE		Ĺ	Change Addition
NAME	STONE, ARTHUR O.		1.2 NAME			
STREET ADDRESS 60 ISLE BAHIA DR			1.3 STREET A	address		
CITY-ST-ZIP			1.4 CITY-ST	- ZIP		
TITLE	\$D	☐ DELETE	2.1 TITLE		L	Change Addition
NAME	STONE, SHIRLEY		2.2 NAME			
STREET ADDRESS	11 12 17 1		2.3 STREET A	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		2. 4 CITY - ST	r-ZIP		
TITLE	0	☐ DELET E	3.1 TITLE			Change Addition
NAME	DEMAREST, RICHARD		3.2 NAME			
STREET ADDRESS	1759 NE 21ST ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		3.4. CITY-ST	- ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	NDDRESS		
CITY-ST-ZIP			4.4 CITY - ST -	- ZIP		
TITLE	☐ DELETE 5.1 TITL		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET A	DDRESS		
CITY-ST-ZIP			5.4 CITY-ST-	- ZIP		
TITLE		☐ DELĒTE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	. 223ROO		

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 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, of or an attachment with an address.