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 #

(2)

SINGER ENTERPRISES. INC.

FILED

Apr 28 1998 8:00am

Secretary of State

Mailing Address

Principal Place of Business

2207 WILSON STREET HOLLYWOOD FL 33020			2207 WILSON STREET HOLLYWOOD FL 33020				DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 09/23/1991		-
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number	т т	Applied For
21			26				65-0288796 Not Applicable		
Suite, Apt.	#, etc.	- 1	Suite, Apt. #, etc.						5 Additional
22		27					5. Certificate of Status Desired	Fee	Required
City & State	8	28	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country		Zip	Count	ry		8. This corporation owes or has paid the cur		
24	25	29		30				Yes	□ No □
	9. Name and Address of Cur	rent Regis	tered Agent				10. Name and Address of New Registered	Agent	
SI	NGER, BRUCE			8	ग	Name			
	07 WILSON STREET			8	2	Street Add	fress (P.O. Box Number is Not Acceptable)		
HC	OLLYWOOD FL 33020			ā	2				
				Ľ					
				8	4	City	FL	. 85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.(0502 and 6	07.1508, Florida Statu	tes, the abo	ve-i	named corp	poration submits this statement for the purpose o	changing	g its registered
agent la	m familiar with, and accept the ob	ligations of	f, Section 607.0505, Fl	lorida Statut	OS.	ле согрога	ation's board of directors. I hereby accept the app	ximment	as registereo
SIGNATURE									
0.0,4,7,0.12	Signature, typed or printed name of registered	agent and tille	if applicable (NO	TE: Registered A	gent	signature requi	lired when reinstating) DATE		
12.	OFFICERS /	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PSO		DELETE	1.1 TITLE		- 1		☐ Chang	e 🔲 Addition
NAME	SINGER, BRUCE			1.2 NAM	E				
STREET ADDRESS	2207 WILSON STREET			1.3 STRE	ET AC	XORESS			
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY	ST-	ZIP			
TITLE			☐ DELĒTE	21 TITLE				Chang	e 🔲 Addition
NAME				2.2 NAMI	Ε	Ì			
STREET ADDRESS				2.3 STRE	ET AC)Dress			
CITY-ST-ZIP				2. 4 CITY	- ST-	·ZIP			
TITLE			☐ DELETE	3.1 TATLE				☐ Chang	e 🔲 Addition
NAME				3.2 NAME	Ε				
STREET ADDRESS				3.3 STRE	ET AC)DRESS			
CITY-ST-ZIP				3.4. CITY	·st-	ZIP			
TITLE			☐ DELETE	4.1 TITLE				☐ Chang	e 🔲 Addition
NAME				4. 2 NAM	E				
STREET ADDRESS				4.3 STREE	ET AD)ORESS			i
CITY-ST-ZIP				4.4 CITY	ST-	ZIP			
TITLE			☐ DELETE	5.1 TITLE				Chang	e
NAME				5.2 NAME	:				
STREET ADDRESS				5.3 STRE	ET AD	DRESS			
CITY-ST-ZIP				5.4 CITY-	ST-	ZIP			
TITLE			☐ DELETE	6.1 TITLE				Change	e Addition
NAME				6.2 NAME	:				1
STREET ADDRESS				6.3 STREE	ET AD	ORESS			ı
CITY-ST-ZIP				6.4 CITY-	ST-2	ZIP			i

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.