

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S85866			
1. Corporation Name TRADEBS AT ORHS INC.			
Principal Place of Business		Mailing Address	
SFE NEW ADDRESS			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 5024 LINCOLN ST.		10/8/91	
Suite, Apt. #, etc.		4. FEI Number	
22		65-0318167	
City & State		Applied For	
23 Hollywood FL.		Not Applicable	
Zip		5. Certificate of Status Desired	
24 33021		☐ \$8.75 Additional Fee Required	
Country		6. Election Campaign Financing	
25 USA		Trust Fund Contribution	
26 33021		☐ \$5.00 May Be Added to Fees	
Country		7. This corporation owes or has paid the current year Intangible	
27 USA		Personal Property Tax due June 30.	
28 USA		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SANDRA, WOODROW		81 Name	
5024 LINCOLN ST		82 Street Address (P.O. Box Number is Not Acceptable)	
Hollywood FL. 33021		5024 LINCOLN ST.	
		83	
		84 City	
		Hollywood FL	
		85 Zip Code	
		33021	
11. Pursuant to the provisions of Sections 607.0407 and 607.1508, Florida Statutes, the above-named corporation 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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
Signature: Typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning.) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
800002505278			
-04/29/98--01063--019			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(6), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)