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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

LILED										
Jan 22	1998	8:00am								
Secre	etary o	of State								

	1998	9 . O. 11 11 15	DIVISION OF CO	RPORATION	ONS			01 ~	
	MENT # V IN NAME EXPERT TREE SE		(3)				r 1881) dipait bakka kebi plaka kele biri ba	iyan Alan Bibir di	JJ 318 14 A 3 84
			·						
Principal Plac			failing Address						,
8121 NW 477 LAUDERHILL			P.O. BOX 970548 COCONUT CREEK FL 33091	,					
CAUDETHALL	LC BOOK!		US	1			DO NOT WRITE IN TH	IIS SPACE	
							3. Date Incorporated or Qualified 12/24/1991		
	lace of Business	28	, Mailing Address				4. FEI Number	Ar	oplied For
	Johnson Road	26					65-0305806		ot Applicable
Suite, Apt.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & Stat	out Creek, Fl	 	City & State				6. Election Campaign Financing	\$5.00	
Zip Cocon	Countr	[28]	Zip	Country			Trust Fund Contribution		to Fees
24 33073	L	•	30	_ `			This corporation owes or has paid the Personal Property Tax due June 30.		langible] No
20070	9, Name and Addre			"			10. Name and Address of New Registere		<u></u>
SIA	MEONE, PHILLIP	PHI	LTP	81	Name				
	B N.W. 44TH TERRAC	E		82	Street	Addres	es (P.O. Box Number is Not Acceptable)		
	T. 204						,		
DE	ERFIELD FL 33432			83					1
				84	City			85 Zip (Code
44 Durament	to the provisions of Con	tions 607 0600 and 6	SO7 1509 Florido Statutas	the about	namod	001001	Folian submits this statement for the purpose		to vacintared
office or r	egistered agent, or both	n, in the State of Flori	ida. Such change was aut	horized by	the corp	corpor poratio	ation submits this statement for the purpose n's board of directors. I hereby accept the a	a or changing it appointment as	registered registered
	ım tamiliar with, and acc	ept the obligations of	of, Section 607.0505, Florid	a Statutes	. .				
SIGNATURE	Signature typed or printed nany	e of registered agent and title	oil applicable (NO1E: F	legistered Age	nt signature	required	when reinstating) DATE		
12.		FFICERS AND DIRE		13.		,	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD Simeone, Philip		☐ DELETE	1.1 THLE				Change	Addition 3
NAME	558 N.W. 44TH TI		1	1.2 NAME					}
STREET ADDRESS	DEERFIELD FL 3			1.3 STREET	1	}			\ <u>i</u>
CITY-ST-ZIP TITLE	8	J4J2	DELETE	1.4 CITY - S 2.1 TITLE	1 - ZIP	 		Change	Addition
NAME	SIMEONE, CHARL	OTTE		22 NAME		S		The craingo	
STREET ADDRESS	3301 SPANISH M			2.3 STREET	ADDRESS	SI	MEONE, CHARLOTTE	4/40	ì
CITY-ST-ZIP	LAUDERHILL FL			2. 4 CITY - S				1410	İ
TITLE			☐ DELETE	3.1 TITLE		- W	RAL SPRINGS, FL 33071	Change	Addition
NAME	•			3.2 NAME	ł				
STREET ADDRESS				3.3 STREET	address				1
CITY-ST-ZIP			Drucer	3.4. CITY - S	T-ZIP			Change	Addition
TITLE			DELETE	4.1 TETLE				Change	Addition
NAME STREET ADDRESS				4.2 NAME 4.3 STREET	•DDDDCCC				
CITY-ST-ZIP			i	4.3 STREET					
TITLE			DELETE	5.1 TITLE	- <u>4-11</u>			Change	Addition
NAME				5.2 NAME				_	
STREET ADDRESS				5.3 STREFT	ADDRESS	l			
CITY-ST-ZIP				54 CITY-ST	- ZIP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	Ì				
CITY-ST-ZIP	portify that the information	n eventied with this	filing door not qualify for t	6.4 CHY-ST		d in Co	action 119.07/3Vi). Florida Statutor, I further	cortify that the	information

I nereby 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 informatio 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.