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

PROFIT CORPORATION ANNUAL REPORT

1998

CICNATUDE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05383

(7)

BEVERLEY A. LINTON-DAVIS, P.A.

FILED May 06 1998 8:00am Secretary of State

4/20/08

Principal Plac	e of Business	Mailing Address			1811 81911 81911 81811 81911 1981
HOODI-PINES	+940 5921 Hollywood	Slove 10031 PINES BLVD		ĺ	
-01E-204-	Surte one	STE 224			
PEMBROKE	Allywood, Floury wood, Fl	PEMBROKE PINES FL 3302	24	DO NOT WRITE IN THIS	SPACE
100	33021			 Date Incorporated or Qualified 01/15/1992 	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0316448	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	9. Name and Address of Current	29 3	10]	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
			81 Name	IV. Namo and Address of New Neglisters) Vient
	1031 PINES BLVD	921 Hollywood Blu Soute One Ho Wywood, Fla	wd [
	HIE 234	Bute One	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	MBROKE PINES FL 33024	Hm Umwood, #133	PO2 83		
PC	MUNORETHIES PE 33024	, 10 100	83		
			84 City	F	85 Zip Code
44 Dureupht	to the provisions of Sections 607.01-02	and 607 1508. Florida Statuton	the above period on	poration submits this statement for the purpose	
office or n	registered agent, or both, in the State of	f Florida. Such change was aut	thorized by the corpora	ition's board of directors. I hereby accept the ap	opointment as registered
agent. I a	ım famili ar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Signature, typod or prioted name of registered agent	and this it applicable (NOTE, 6	Registered Agent signature requ	ired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME	LINTON DAVIS BEVERLEY A		1.2 NAME		•
STREET ADDRESS	5921 HOLLYWOOD BLVD.,6TE	A Stayp	1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD-FL	U	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP	<u> </u>		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TETLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS		Į	6.3 STREET ADDRESS		
ATT-1 AT 7-10		•	■		

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 of 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 injectiment with an address.