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

FILED Mar 09 1998 8:00am Secretary of State

1. Corporation	MENT # V0732 LICENSING CORP.	24 (9)			1611 616H 41611 6161 416H 16H
Principal Place	o of Business	Mailing Address			INDIR MINIT MINIT ANDRI ANDRI 1884
1649 FORUM	PLACE	1649 FORUM PLACE			
12	DEAOU EL 20400	12 WEST DAILY SEACH E	(50400	DO NOT WRITE IN TH	IS SPACE
WEST PALM BEACH FL 33409 US		WEST PALM BEACH FL 33409 US		3. Date Incorporated or Qualified	
•				01/16/1992	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0306419	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		a Florida Organia Financia	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29]	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registers	ed Agent
	ltz, robert		81 Name		
1649 FORUM PLACE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	E. 12		00		
W	PALM BCH FL 33409		63		
			84 City	F	85 Zip Code
	60771				
	to the provisions of Sections 607.03 agistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1508, Florida Stat te of Florida. Such change wa gallions of, Section 607.0505,	lules, the above-named co s authorized by the corpor Florida Statutes.	proration submits this statement for the purpose ation's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature, typed or printed name of registered as OFFICERS AT	gent and little if applicable (N ND DIRECTORS	OTE Registered Agent signature req		E ND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or present name of registered at OFFICERS AI	gentand blod appl∈able (N	OTE Registered Agent signature req	quired when rainstating) DATE	E
SIGNATURE 12. TITLE NAME	Signature, typed or present name of registered at D MALTZ, ROBERT B	gent and little if applicable (N ND DIRECTORS	OTE Registered Agent signature req 13. 1.1 Title 12 NAME	quired when rainstating) DATE	E ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or present name of registered at D MALTZ, ROBERT B 18149 VIA MONTE VERDE	gent and little if applicable (N ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	quired when rainstating) DATE	E ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or present name of registered at D MALTZ, ROBERT B	gent and little if applicable (N ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	quired when rainstating) DATE	E ND DIRECTORS IN 12
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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 Informatio indicated on this annual report or suppliements 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 occover 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 attraction and address.

SIGNATURE:

2/24/20

561-68-1107