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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCU 1. Corporation JAMES	MENT DI Name S E. DUSE		5	(9)								
Principal Place of Business Mailing Address									T BOBS ONE NIBUS BOISE SEAD CURDI DISE			
301 SE 20TH ST 301 SE 20TH ST												
FT LAUDERDALE FL 33316 FT LAUDERDALE FL 3331									DO NOT MIDITE			
U\$ U\$									DO NOT WRITE II	V THIS S	PACE	
									3. Date Incorporated or Qualified 01/31/1992			
2. Principal P	lace of Busin	ness	2a. M	2a. Mailing Address					4. FEI Number		ΙΔc	plied For
21				26					NOT APPLICABLE		<u> </u>	t Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.							\$8.75	
22			27	27					5. Certificate of Status Desired	LJ	Fee Re	quired
City & Stat	е		C	City & State					6. Election Campaign Financing	_	\$5.00	May Be
23			28	<u> </u>					Trust Fund Contribution		Added t	o Fees
	Zip Country			Zip					8. This corporation owes or has paid	_		
24	A Name	and Address of Curren	29						Personal Property Tax due June 3 10. Name and Address of New Regi			J No
	ORE, MAR		it megister	eu Agent		81	Name		10. Haine and Address of New Negr	steleu P	·yout	
	O SE STH S										·····	
		ALE FL 33316					Street A	Addres	ss (P.O. Box Number is Not Acceptable	)		
, ,	CHOOLING	ALL 1 L 00010				83					,,	• • • • • • • • • • • • • • • • • • • •
					1	84						
				e e e			City			FL	<b>85</b> Zip 0	Code
11. Pursuant	to the provis	ions of Sections 607.050	2 and 607.	1508, Florida Statut	es, the at	0000	e-namod o	corpor	ration submits this statement for the purity board of directors. I hereby accept		changing it:	s registered
office or r	regi <b>st</b> ered ag ım <b>fa</b> miliar wi	jent, <b>or b</b> oth, in the State ith, an <b>d a</b> ccept the obliga	of Florida. ations of, S	Such change was a ection 607.0505. Flo	authorized orida Stat	d by utes	the corp i.	oratio	n's board of directors. I hereby accept	the appo	oinIment as	registered
SIGNATURE												
	Signature, typed	or prin <b>led</b> name of registered age			_	Age	nt signature i	required	when reinstating)	DATE		
12.	<b>.</b>	OFFICERS ANI	D DIRECTO		13.		—т		ADDITIONS/CHANGES TO OFFICE	RS AND		
TITLE	DISER	JAMES E.		☐ DELETE	1.1 111						☐ Change	☐ Addition
NAME STEET ADDRESS		FED HIGHWAY, APT	401	11		NAME						
		DERDALE FL	101	U			ADDRESS					
CITY-ST-ZIP TITLE	1100	# # P		DELETE			T - 20P				Change	Addition
NAME											L	
STREET ADDRESS				22 M			ADDRESS					
CITY-ST-ZIP							IT-ZIP					
TITLE				☐ DELETE			.,		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME												
STREET ADDRESS					3.3 ST	REET.	ADDRESS					
CITY-ST-ZIP					3.4. CI	11Y-S	IT - 71P					
TITLE				DELETE	4.1 TO	ILE					Change	Addition
NAME					4. 2 N	AME						
STREET ADDRESS					4.3 ST	REET	ADDRESS					
CITY-ST-ZIP					4.4 CD	IY-SI	T-ZIP					
TITLE				DELETE	5.1 TR	LE	1				hange	Addition
NAME					5.2 NA	ME					11 11	20 l
STREET ADDRESS					5.3 ST	REFT	ADDRESS			$\prec$	(1) 1/4	<b>3</b> U
CITY-ST-ZIP				·····	5 4 CI		T-ZIP			_//	4	
TITLE				DELETE 61 Tri			ľ		500002417	7	Lhange	Addition
NAME					62 NA				-02/02/3801004	02	8	
STREET ADDRESS						6.3 STREET ADDRES			***150.00			
CITY-ST-76P	ì				64.00	Y-S1	7.7IP					1

14. Thereby 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 13 if changed, or on an attachment with an address.

**FILED** 

Jan 30 1998 8:00am

Secretary of State