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

PROFIT CORPORATION ANNUAL REPORT 1998

4、多多的时间,但我们所有更多的时间,更是我们的人,我们也不断的时间,也是这个事情,也是一个人,也是一个人,也是一个人,也是一个人,也是一个人,也是一个人,也是

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13276

(3)

LAW OFFICES OF ARIEL POPLACK, P.A.

Apr 17 1998 8:00am
Secretary of State

FILED

|--|

(954) 321.8400

930 SOUTH STATE ROAD 7 PLANTATION FL 33317 US		ŭ			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/11/1992		
2. Principal Pi	ace of Business	2a. Mailing Address		·	4. FEI Number Applied	For	
21		26			65-0311544 Not App	licable	
Suite, Apt. i	#, 6 tc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		I 5 L'emicate di Status Desired I I	esired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May 8		
23		28	28		Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29 30			Personal Property Tax due June 30. Yes No		
DOI	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered Agent		
	PLACK, ARIEL SOUTH STATE ROAD 7						
	INTATION FL 33317			82 Street	ddress (P.O. Box Number is Not Acceptable)		
, ,	#1(//.11011 1 E 00011		f	83			
			,				
				84 City	FL 85 Zip Code		
office or re	o the provisions of Sections 607.05 ogistered agent, or both, in the State in familiar with, and accept the oblic	e of Florida. Such chang e w as	s authorized	by the cor	d corporation submits this statement for the purpose of changing its regist rporation's board of directors. I hereby accept the appointment as regist	stered ered	
SIGNATURE	Signature, typed or printed name of registered ag	cut and title if sopt cable (NO	OTE: Registered	Agont signature	re required when reinstating) DATE	[
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
TITLE	PO	☐ DELETE	1.1 TO	LE	Change	Addition	
NAME	POPLACK, ARIEL		1.2 NA	M€].	
STREET ADDRESS	930 SOUTH STATE ROAD 7		1.3 ST	reet address];	
CITY-ST-ZIP	PLANTATION FL 33317	Document		Y-ST-ZIP		 	
TITLE		☐ DELETE	2.1 111		Change A	Addition 1	
NAME CINCEL ADDOCCO			2.2 NA				
STREET ADDRESS CITY-ST-ZIP				reet address Ty-St-Zip			
TITLE		DELETE	3.1 TIT		Change D	Addition	
NAME			3.2 NA	ME		[
STREET ADDRESS			3.3 S16	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP		ł	
TITLE		DELETE	4.1 1∏	LE	☐ Change ☐ A	Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 STF	reet address			
CITY-ST-ZIP		T BELETT		Y-ST-ZIP		Addition	
TITLE		☐ DELETE	5.1 TiT-		L Change A	Addition	
NAME			5.2 NA			- 1	
STREET ADDRESS				REET ADDRESS		İ	
CITY-ST-ZIP TITLE		DELETÉ	6.1 TIT	Y-ST-ZIP	Change D	Addition	
NAME			6.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP		^	1	Y-ST-ZIP			
14. I hereby co	ertify that the information supplied v	vith this villing does not qualify	for the exe	mption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the inform	nation	
officer or o	on this annual report or supplement firector of the corporation or the rec or Block 13 if changed, or on an atte	civer or trustee emplowered to			gnature shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears		