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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

May 19 1998 8:00am

Secretary of State

3-15.98

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # V17646

SIGNATURE:

101

	NHLI, P.A.	0 (3)					
Principal Place	e of Business	Mailing Address					
1 FINANCIAL PLAZA STE 2110		1 FIANACIAL PLAZA STE 2110 FT. LAUDERDALE FL 33394			DO NOT WRITE IN THIS SPACE		
FT. LAUDERDALE FL 33394 US		US			3. Date Incorporated or Qualified		
. **		••			01/27/1992		
2. Principal Place of Business		2n. Mailing Address				oplied For	
21		26			65-0317671	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			I E Cartitionto of Statue Decirod I I	Additional	
22	<u> </u>	27			Fee R	equired	
City & State		City & State				May Be	
Zip Country		Z <sub>I</sub> p				to Fees	
24	25	29	30		8. This corporation owes or has paid the current year in Personal Property Tax due June 30. Yes [	angibie	
241	9. Name and Address of Curre		1301 T		10. Name and Address of New Registered Agent		
WI	INDERLICH, JILL L.		81	Name			
	IANACIAL PLAZA		82	Cironi	Addrson (C.O. Bou Number in Net Assessable)		
STE 2110			02	Street	Address (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33394		83	···-			
г.	CAODENDACE 1 E 00034		ļ	ļ			
			84	City	FL  85   Zip	Code	
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obliders.	02 and 607.1508, Florida Statute e of Florida. Such change was a nations of, Section 607.0505, Florida	es, the abov authorized by	e-named y the corp s	corporation submits this statement for the purpose of changing i poration's board of directors. I hereby accept the appointment as	ts registered registered	
				<del>-</del> ·			
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO)	E: Registered Ag	ent signature	required when reinstating) DATÉ		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D DELETE		1.1 TITLE		President Change	Addition	
NAME	WUNDERLICH, JILL L.		1.2 NAME		Kahli, Beat		
STREET ADDRESS			1.3 STREET ADDRESS		Kahli, Beat plaza, Svite Z110 one Financial Plaza, Svite Z110 Ft Lauderdale, FL 33394  Jill Kahli Vice President Change MAddition		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP		Ft Lauderdale, FL 33394		
TITLE	DELETE DELETE		2.1 TITLE		Jill Kahlı Vice President Change MAddilion		
NAME			2.2 NAME		One Financial Plaza, Suite 2110		
STREET ADDRESS			2.3 STREET	ADDRESS	Fort Lauderdale, FL 33394		
CITY-ST-ZIP			2 4 CiTY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		. Change	Addition	
NAME			3.2 NAME			j	
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAMÉ		900002532069 -05/21/9801092041		
STREET ADDRESS			4.3 STREET	ì	-05/21/9801092041	ļ	
CITY-ST-ZIP		- Filances	4.4 CITY-	ST-ZIP	/ ***150.00		
TITLE		☐ DELETE	5.1 TITLE		Change	Addition	
NAME		•	5.2 NAME		· ·	<b>あ</b> っ 「	
STREET ADDRESS			5.3 STREET			510	
CITY-ST-ZIP		[] Drifte	5.4 CITY+5	ST-ZIP		411	
TITLE		☐ DELETE	6.1 TITLE	Į	L Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS	.ــر			ADDRESS			
CITY-ST-ZIP			6.4 CITY - 5	ST-ZIP			
14. I hereby certify that the information supplied with this tyring 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 adjustifyeport is true and acquired 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 of the regeiver distributes employee at the effect of the regeiver distributes and that my name appears in Block 12 or Block 13 if changed, or on a lattachment with an address.							