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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(0)

FILED May 04 1998 8:00am Secretary of State

WILLIA	M STIBER, INC.				
Principal Place of Business Mailing Address 1314 WASHINGTON STREET 1314 WASHINGTON STR HOLLYWOOD FL 33019 HOLLYWOOD FL 33019					
				3. Date Incorporated or Qualified 03/04/1992	TIS SPACE
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0325847	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		6. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year intangible No
<u> </u>	9. Name and Address of Curre		1901	10. Name and Address of New Registe	
ST	IBER, WILLIAM		81 Name		
1314 WASHINGTON ST.			82 Street Adde	ress (P.O. Box Number is Not Acceptable)	
HC	XLLYWOOD FL 33019				
			83		
			84 City		85 Zip Code
44 5	4	00 d 007 4500 Flid- Ot			FL 85 Zip Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	e of Florida, Such change was	tes, the above named corp authorized by the corporal	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	m familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable (NO)	F Registered Agent signature requi	red when reinstating) DA	TE .
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PVST	DELETE	1.1 TrTLE		Change Addition
NAME	STIBER, WILLIAM		1.2 NAME		
STREET ADDRESS	1314 WASH ST.		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	HOLLYWOOD FL 33019	······································	1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		C radiion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADORESS			6 3 STREET ADDRESS		
CITY-ST-7IP			6.4 City - St - 7iP		

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 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, once an attachment with an address.