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

DOCUMENT #

(1)

OLDE TYME, INC.

Mailing Address Principal Place of Business 7700 NORTH KENDALL DRIVE 7700 NORTH KENDALL DRIVE STE 508-B STE 508-8 DO NOT WRITE IN THIS SPACE MIAM! FL 33156 MIAMI FL 33156 U\$ 3. Date Incorporated or Qualified 03/12/1992 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0326826 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Žip Zip 6. This corporation owes or has paid the current year Intangible 30 24 25 9. Name and Address of Current Registered Agent

WALD, EARL A. 9700 S DIXIE HWY. MIAMI FL

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

	Personal Property Tax due Julie 30. La 165 La 140
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
1 I	City 85 Zip Code

FILED

May 05 1998 8:00am

Secretary of State

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or reparent agent, or hold in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or taminar with the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or taminar with the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or taminar with the state of Florida Statutes.

agonia and management of the second of the s										
SIGNATURE-	Signature, by a good of page of requirement and appearance the all apply	ible (NOTE F	Registered Agent signature	required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AN		IS IN 12				
TITLE	PSD	DELETE	THITTE P/D	PRESIDENTY DIRECTOR	Change	Addition				
NAME	KORSHIN, SUBAN B.		1.2 NAME	SIDNEY A. GREENSTEIN 5731 S.W. 87 AVE.	'					
STREET ADDRESS	861Z-NW 43RD COURT		1.3 STREET ADDRESS	5731 S.W. 87 AVE.	_					
CITY-ST-ZIP	CORAL SPRINGS FL .		1.4 CITY - ST - ZIP	MIRMI, 1=4A. 3316						
TITLE	-MGRB- Properties of the second	DELETE	2.1 HILE V /5/	V. President / Secty	Change	Addition				
NAME	Greenstein, Sidney H		2.2 NAME	SYBIL H. GREGNETE	J					
STREET ADDRESS	5131 S.W. 87 AVE.		2.3 STREET ADDRESS	SYBIL H. GREENSTEIN STRIE SIN 87 AVE.						
CITY-ST-ZIP	MIAMI FL 33165		2. 4 CITY - ST - ZIP							
TITLE	V *	☐ DELETE	3.1 TITLE		Change	☐ Addition				
NAME			3.2 NAME							
STREET ADDRESS	The second section is a second		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			43 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY - ST - ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME							

CITY-ST-ZIP 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 error or supplied ental 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 recover 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 chariged, or our ent with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

Change

Addition