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 # V22908

(0)

MOREHEAD & SWEETING P.A.

FILED Jan 26 1998 8:00am Secretary of State

Principal Place of Business Mailing Address)(81811 81811 81811 1881	
600 S. ANDREWS AVE. 9501 FORT LAUDERDALE FL 33301 P.O. BOX 1658 FT LAUDERDALE FL 33301				33302		DO NOT WRITE IN THIS SP	MCE
						3. Date Incorporated or Qualified	ACE
						03/20/1992	
	lace of Business	<u> </u>	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt.	# atc		Suite, Apt. #, etc.			65-0323011	Not Applicable
22	H, BIC.	27 Suite, Ap	<u> </u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)		City & State			8. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Fees
Žip	Country	Zip		Country		8. This corporation owes or has paid the curre	nt year Intangible
24	25	29	- :	30			Yes No
	g, Name and Address of Curr	rent Registered Age	ent	81	Name	10. Name and Address of New Registered Ag	ent
	REHEAD, CHARLES A., III			61	Name		
	S. ANDREWS AVE. LAUDERDALE FL 33301				Street Add	ress (P.O. Box Number is Not Acceptable)	
FI.	CADDELIDATE LE 22201			83			
				84	City	FL	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, F	lorida Statut	es, the above	e-named corp	poration submits this statement for the purpose of c tion's board of directors. I hereby accept the appoin	nanging its registered
agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such d ligations of, Section (nange was a 607.0505, Flo	autnorizea by orida Statutes	r the corpora: 5.	tion's board of directors. I hereby accept the appoin	ntment as registered
SIGNATURE							
	Signature, typed or printed myrici of registered	agent and title if applicable AND DIRECTORS	(NOT		nt signature requi	4ed when reinstating) DATE	UDEOTODO (N. 10
TITLE	DP OFFICERS P	IND DIRECTORS	DELETE	1.1 TITLE	<u>-</u>	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
NAME	MOREHEAD, CHARLES A.,			1.2 NAME		_	2 and 2
STREET ADDRESS	600 S. ANDREWS AVE.			1.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333	301		1.4 City-S	í		
TITLE	V		DELETE	2.1 TITLE			Change Addition
NAME	SWEETING, LINDA			22 NAME			
STREET ADDRESS	600 S. ANDREWS AVE.			2.3 STREET	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 333			2. 4 CITY - S	T-ZIP		
TITLE		L.] DELETE	3.1 T(TLE		L.	☐ Change ☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP TITLE		Т	DELETE	3.4. CITY - 5 4.1 TITLE	ST - 7IP		Change
NAME		L	, DELETE	4 2 NAME	1		_ onderigo Audut(0))
STREET ADDRESS				4.2 NAME	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S			
TITLE			DELETE	5.1 TITLE			Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				54 CITY-S	T - ZIP		-
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET	- 1		
CITY-ST-ZIP	artify that the information supplied	with this filling dose	not qualify 6	6.4 CITY - S	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certii	by that the information
indicated	on this annual report or supplier	ntal annual report i	true and acc	curate and the	at my signatu	re shall have the same legal effect as if made under	r oath; that I am an
Block 12 c	or Block 13 if changed on a	tache ent with an a	ipowerea (o litress.	executé this	report as req	re shall have the same legal effect as if made unde juired by Chapter 607, Florida Statutes; and that my	name appears in

18-98 524-81