PILE 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 #

(6)

BOGENSCHUTZ & DUTKO, P.A.

			••								
Principal Place of Business Mailing Address										- E 1984 Attoin itadia divit daila high abbi abbi dibit dibit dibit dibit dibit dibit dibit	
600 SOUTH ANDREWS AVE.					600 SOUTH ANDREWS AVE STE 500						
FORT LAUDERDALE FL 33301					FT. LAUDERDALE FL 33301					DO NOT WRITE IN THIS SPACE	_
US				ļ	US					3. Date Incorporated or Qualified	_
L				 -						04/01/1992	
2. Principal P	lace of Busin	1 0 SS		— <u>¬</u>	2a. Mailing Address					4. FEI Number Applied For	
21	4 44			26						65-0321608 Not Applicat	əle
Suite, Apt.	#, etc.			<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required	
22 City & Stat				27	City & State					<u> </u>	
23	.0			28	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip			Country	1501	Zip Coun			,	<i>-</i>	8. This corporation owes or has paid the current year Intangible	
24	25			29						Personal Property Tax due June 30. Yes No	
			Address of Current		stered Agent		\Box			10. Name and Address of New Registered Agent	
BC	GENSCHU						81	Nar	าาย		
600 SOUTH ANDREWS AVE.									- L A plates	(C.C. Carris Manufacture in Manufacture (Abrilla)	
	JITE 500	W 15.	Little Title				82	Stre	et Adare	ress (P.O. Box Number is Not Acceptable)	
	. LAUDERD	ALE	Ft. 33301				63				_
		1						-			
							84	City	f	FL 85 Zip Code	
11. Pursuant	to the provisi	ions (of Sections 607.050	2 and 6	307.1508, Florida Statu	ites, the a	bove	a-nan	ned corpo	poration submits this statement for the purpose of changing its registere	∍d
office or r	registered ag	ent, (or both, in the State:	of Floridations c	da. Such change was af Section 607,0505. F	authorize Iorida Sta	id by	the o	corporatio	tion's board of directors. I hereby accept the appointment as registered	j
i	1111 100111,		O Booopi are song.	Mon.s =	1, 000,011 001,10000,111	101700	10100	,.			
SIGNATURE	Signature, typed	or prior	ted name of registried ager	nt and title	e il applicable (NO	ITE: Registere	d Age	ngia tre	a'ure required	rod when reinstating) DATE	-
12.			OFFICERS AND) DIREC		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	-		_	DELETE	1.1 Ti	ITLE		_	Change Additi	on
NAME			UTZ, J. DAVID	** ************************************				1.2 NAME			
STREET ADDRESS			ANDREWS AVE,	SUITE	JUITE 500			1.3 STREET ADDRESS			
CITY-ST-ZIP		AUD	erdale fl			1.4 0	ITY-ST	T - Z IP			
TITLE	D				☐ DELETE	2.1 To	TLE		_	Change Additi	οn
NAME			HAEL E.			2.2 N	2.2 NAME				
STREET ADDRESS			ANDREWS AVE,	SUITE	SUITE 500			ADDRE	ss		
CITY-ST-ZIP FORT LAUDERDALE FL							2. 4 CITY - ST - ZIP				
TITLE					DELETE	3 1 Ti	ITLE			Change Additi	on
NAME						3.2 N	AME				
Street Address						3.3 \$	TREET A	ADDRE	ss		
CITY-ST-ZIP							CITY-S	T-ZIP			
TITLE					☐ DELETE	4.1 Ti			1	Change Madditi	on
NAME						4.2 N	IAME		-		
STREET ADDRESS						4.3 S	TREET A	ADDRE	ss		
CITY-ST-ZIP			<u>. </u>				ITY-ST	T - ZIP			
TITLE					DELETE	5.1 TI				Change Addition	on .
NAME						5.2 N	AME				
STREET ADDRESS						5.3 S1	IREET A	ADDRES	SS		
CITY-ST-ZIP	_ _						ITY-ST	T- ZIP			
TITLE					☐ DECETE	6.1 TI			1	Change Additi	on
NAME	,					6.2 NAME					
STREET ADDRESS						6.3 S	(REET /	ADDRES	SS		

14. Thereby 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 charged or on an attachment with an address.

CITY-ST-ZIP

FILED

Jan 21 1998 8:00am

Secretary of State