## 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 #

(2)

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Apr 22 1998 8:00am	l
Secretary of State	

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480 CANAL ST RM 603					4152 INDEPENDENCE CT STE C4					DO NOT WRITE I	NI TLIIC (	2DACE	
NEW YORK NY 10013 SARASOTA FL 342: US US										3. Date Incorporated or Qualified	14 11 83 0	THE COL	
US				·	10					1			
2. Principal P	lace of Busi	ness	<del></del> -	28	Mailing Address					04/27/1992 4. FEI Number			Applied For
21		1000		26	maning i loades					65-0337569		-	Not Applicable
Suite, Apt.	#, etc.		•	1201	Suite, Apt. #, etc.				<del></del>	· · ·			5 Additional
22				27						5. Certificate of Status Desired			Required
City & Stat	e				City & State				··· <u>-</u>	6. Election Campaign Financing		\$5.0	0 May Be
23				28						Trust Fund Contribution			d to Fees
Zip	Country				Zip Cou			Country		8. This corporation owes er has paid	the cur	rent year	Intangible
24		25		29		30				Personal Property Tax due June 3		Yes	□ No
	9. Name	and A	ddress of Currer	ni Regis	tered Agent			ı .		10. Name and Address of New Reg	istered .	<b>Lgent</b>	
CH	IRISTIANSE	EN & C	DEHNER P.A.				81	^	lame				
	75 <b>8E</b> E RIC	OGE R	D				82	s	treet Addres	ss (P.O. Box Number is Not Acceptable	e)		
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SA	ra <b>so</b> ta f	L 342	39				83						
							84	C	City			85 Z	ip Code
44 5			0.00	NO - 1 0	07.4500 (1)-31-50			Ļ		in the second second	<u>FL</u>		
l office or r	egi <b>ste</b> red ac	gent, or	r both, in the State	of Flori	da. Such change was	autho	prized by	y th	ameo corpo le corporatio	oration submits this statement for the pureris board of directors. I hereby accept	rpose of the app	cnanging ointment	g its registered as registered
agent. I a	ım familiar w	ith, and	d accept the oblig	ations o	f, Section 607.0505, F	lorida	Statute	\$.	·	- '			ū
SIGNATURE	A									when reinstating)			
12.	Signature, typec	o or printe	of FICERS AN				13.	ent si	ignature recylling	ADDITIONS/CHANGES TO OFFICE	DATE PS AND	DIRECT	ORS IN 12
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CITY-ST-ZIP			FL 34203				1.4 CHY-S						
TITLE	V	HOH	1 6 04600		☐ DELETE	_	21 TITLE	)I - <u>L</u> I	<u>"                                    </u>			Chang	e Addition
NAMÉ	HARTNI	FTT J	OHN P			1	2.2 NAME						
STREET ADDRESS	8010 41						2.3 STREET	ADr	DRESS				
CITY-ST-ZIP			FL 34203				2. 4 CITY - 1						
TITLE	GIVOL	11011	1 0 0 1200		DELETE		3.1 TITLE	0. 2	<del>'''</del>	· · · · · · · · · · · · · · · · · · ·		Chang	e Addition
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CITY-ST-ZIP						•	3.4. CITY-1						
TITLE	·				DELETE		4.1 THILE				· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
NAME							4. 2 NAME						
STREET ADDRESS							4.3 STREET	ADD	ORESS				
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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 this corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an intachment with an address. 212 966-1158