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

FILED Apr 10 1998 8:00am Secretary of State

L'L SH	IOP OF GRA	V412	Mailing A	Mailing Address 9044 N.W. 45TH COURT SUNRISE FL 33351				DO NO1 WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 06/01/1992				
 	Place of Business		<u>}1</u>	g Address				4. FEI Number			Applied For	_
Suite, Apt.	# etc		26 Suite	26 Suite, Apt. #, etc.				65-0343013			Not Applicable	-
22	π, σι ο.			27				5. Certificate of Status Desired		•	5 Additional Required	
City & Stat	le		City & State				6. Election Campaign Financing			00 May Be	\dashv	
23	 	Country	28	28				Trust Fund Contribution			d to Fees	
Zip	1	Zip	j				8. This corporation owes or has paid	_		~		
24	9 Name and		29 30 Registered Agent				Personal Property Tax due June 30. No. 10. Name and Address of New Registered Agent					
SC	HATZ, LESLIE			.80.11	8	11	Name	TO, Name and Address of New Hey	iatered /	1gent		
	44 N.W. 45TH	COURT			8	<u>.</u>	Croot Adde	(D.O. Day M. sales is Not Associated				╛
SUNRISE FL 33351							Street Addre	ess (P.O. Box Number is Not Acceptable	?)			
					8:	3						
					8	4 (City			85 Zij	p Code	-
11 Pursuant	to the provisions	of Sections 607.0	502 and 607 1508	Florida Statul	on the shor		amod corre	oration submits this statement for the pu	FL			-
onice or r	regi ste red agent,	or both, in the Sta and accept the obl	ite of Florida. Suc	h change was a	authorized t	bv th	ne corporation	on's board of directors. Thereby accept	the app	onanging Sintment (as registered	
SIGNATURE	arrivation printing of	ma decept the or	iganoria bi, occin	#1 001.0005,1 W	onga Statoti	US.						ı
	Signature, typed or pri	oled name of orgetimes.	<u> </u>	ole (NOT	E: Hegistered A	Qent :	signature require	d when reinstating)	DATE			
12.	77	OFFICERS A	NO DIHECTORS	Diverte	13.			ADDITIONS/CHANGES TO OFFICE	RS AND		·-··· 	غ ا
TITLE NAME	SCHATZ, LE	SI IF		☐ DELETE 1118 1.2N						∐ Change	e Addit:on	3
STREET ADDRESS	9044 N.W.						MODE CC					Š
CITY-ST-ZIP	SUNRISE FI					1.3 STREET ADDRESS 1.4 City - St - Zip						Ĺ
TITLE	V			DELETE	2.1 TITLE		-			Change	≥Addition	{
NAME	GALEA, LOI				2.2 NAME	E	ļ					1
STREET ADDRESS	8837 NW 48				2.3 STREE	FT AD	DRESS					
CITY-ST-ZIP	SUNRISE FI				2. 4 CITY	S1	ZIP					_
TITLE				☐] DELETE	3.1 111LE					Change	Addition	
NAME					3.2 NAME							
STREET ADDRESS					3.3 STREE		1					
CITY+ST-ZIP TITLE			·	DELETE	3.4. CHY 4.1 HILE		ZIP			Change	a Addition	-
NAME				DETER	4. 2 NAME					Chlange	. L Madilloll	ļ
STREET ADDRESS					4.3 STREE		ORESS					
CITY-ST-ZIP					4.4 CITY-							
TITLE		, , , , , , , , , , , , , , , , , , , ,		DELETE	5.1 TITLE					Change	Addition	-
NAME					5.2 NAME		-					
STREET ADDRESS					5.3 STREE	FT A DI	DRESS					
CITY-ST-ZIP	. 			T ARLESS	5.4 CITY		<u> </u>					
TITLE				DELETE	6.1 TITLL		ĺ			Charige	Addition	
NAME CTOCCE + DOGGOO					6.2 NAME							
STREET ADDRESS					6.3 STREE							
14 Lhereby C	ertify that the info	ormation supplied	with this filing do	ne not qualify fo	6409Y-			oction 110 07(3Vi) Florida Statutos 1 fu	shee one	Tifes Heart 44		1

Indicated on this annual report or supplied with this litting tobes not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the informatio 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, or empire attachment with an address.