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 # V49537

(6)

FILED Feb 04 1998 8:00am Secretary of State

BRM F	PUBLISHING INC.	· /)) 8 8 188	
Principal Pla	ce of Business	Mailing Address		*******		1 (004) 014843 01880 1880 18440 1944 1944 1944			
1801 BAY ROAD 1801 BAY ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
9 Principal I	Place of Business	2a. Mailing Address				07/10/1992			_
21 miloipai i	race of business	26 26			- 1	4. FEI Number		pplied For	4
Suite, Apt	. #. etc.	Suite, Apt. #, etc.			\longrightarrow	65-0357146		ot Applicable Additional	4
22		27				5. Certificate of Status Desired	* ·	Additional equired	
City & Sta	ite	City & State				6. Election Campaign Financing		May Be	┨
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Count	iry		8. This corporation owes or has paid the	current year In	tangible	٦
24	25	29	30			Personal Property Tax due June 30.	Yes [□ No	
	g, Name and Address of Curr	ent Registered Agent		41 51		10. Name and Address of New Register	red Agent		\Box
	T CORPORATION SYSTEM		8	1 Name)				
	00 S PINE ISLAND ROAD		6	2 Stree	1 Addres	s (P.O. Box Number is Not Acceptable)			٦
PL	ANTATION FL 33324		8	3					_
			ľ	1					
	<i>•</i>		8	4 City			85 Zip	Code	٦
office or agent. I s SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli- Signature, typed or printed name of registered a	gations of, Section 607,0505, Flo	rida Statut	es.		alion submits this statement for the purpos 's board of directors. I hereby accept the		s registered registered	
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS		RS IN 12	<u>ر</u> اً -
TITLE	PD	DELETE	1.1 TITLE		T		Change	Addition	7
NAME	GIBB, BARRY		1.2 NAM	E	ĺ				3
STREET ADDRESS	1801 BAY ROAD		1.3 STRE	et address					Ì
CITY-ST-ZIP	MIAMI BEACH FL		1.4 City	-ST-ZIP					§
TITLE	PD AMMIDIOE	☐ DELETE	2.1 THTLE				Change	Addition	C
NAME	GIBB, MAURICE		2.2 NAME						1
STREET ADDRESS	1801 BAY ROAD MIAMI BEACH FL			et address					
CITY-ST-ZIP TITLE	PD PD	☐ DELETE	2. 4 CITY 3.1 TITLE		 		Change	Addition	-
NAME	GIBB, ROBIN	_ otten	3.2 NAME					Addition	
STREET ADDRESS	1801 BAY ROAD		3.3 STREET ADDR						
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY						
TITLE	ST	DELETE	4.1 TIFLE		+		☐ Change	Addition	┨
NAME	ASHBY, RICHARD		4. 2 NAM	E			_ •		1
STREET ADDRESS	1801 BAY ROAD		4.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-	ST-2IP	1				
TITLE	AST	☐ DELETE	5.1 TITLE				Change	Addition	1
NAME	GITOMER, ARNOLD		5.2 NAME						
STREET ADDRESS	13 QUAKER DRIVE		5 3 STREET ADDR		2 F	ifth Avenue			
CITY-ST-ZIP	EAST BURNSWICK NJ		5.4 CITY-ST-ZIP			York, N.Y. 10011			
TITLE		☐ DELETE	6.1 TITLE		"	, ====	Change	Addition	
NAME	<i>i</i>		6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP	pertitu that the information cumplied	with this filing door not qualify for	6.4 CITY-		l Co	ction 119 07(3)(i) Florida Statutos I further			1

1. 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 the corporation or the receiver or pusted 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 on in attachment withy an address.

OLONIATURE.

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