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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V57493

(1)

ALAN I. GARBER, CPA, P.A.

FILED

Jan 27 1998 8:00am

Secretary of State

Mailing Address Principal Place of Business 9070 KIMBERLY BLVD. 9070 KIMBERLY BLVD. SUITE 58 SUITE 58 DO NOT WRITE IN THIS SPACE BOCA RATON FL 33434 **BOCA RATON FL 33434** 3. Date incorporated or Qualified 08/11/1992 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0349831 Not Applicable 26 21 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ASARCH: STEVEN J. 5355 TOWN CENTER ROAD 82 SUITE 801 83 **BOCA PATON FL 33486...** Zip Code 3 343 Y 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept he prigations of Section 607.0505, Florida Statutes. SIGNATURE NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE ☐ Change ☐ Addition 1.1 TITLE GARBER, ALAN I. 1.2 NAME NAME 10885 S.W. 1ST. CT. STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP Change ___ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 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 accordate 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 received or pustee 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 ap attack

= DAEN I. GARGER