## 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 # V62781

(2)

WILLIAM A. HELLER, P.A.

FILED Apr 09 1998 8:00am Secretary of State

WRLIAM A. HELLEH, P.A.				
Principal Place of Business Ma	ailing Address			BII QIBII DIBII BIBII 800M 100A
****	500 HOLLYWOOD BLVD			
8TE. 401	ITE. 401			
	OLLYWOOD FL 33020		DO NOT WRITE IN THIS	SPACE
US L	IS		3. Date Incorporated or Qualified 09/10/1992	
<u> </u>	Mailing Address		4. FEI Number	Applied For
21 26			65-0354761	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	7:-	0	Trust Fund Contribution	Added to Fees
	Zip	Country	8. This corporation owes or has paid the cu	_ ' _ '
24 25 29 9. Name and Address of Current Regis		10	Personal Property Tax due June 30.  10. Name and Address of New Registered	L Yes L No
COHN, ALAN B.	ored Highlic	81 Name	10. Name and Address of New Registered	Agent
2021 TYLER ST.				
HOLLYWOOD FL 33020		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
110LL11100D FE 33020		63		
		~		
		84 City	Fl	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 60 office or registered agent, or both, in the State of Florid	07.1508, Florida Statutes, la Such change was aut	the above-named corp	poration submits this statement for the purpose tion's hoard of directors. I bereby account the appropriate the purpose tion's post of directors.	of changing its registered
office or registered agent, or both, in the State of Floric agent. I am familiar with, and accept the obligations of	Section 607.0505, Florid	da Statutes.	toria board of directors. Thereby accept the ap	pointinent as registered
SIGNATURE				
Signature, typed or printed name of registered agent and title		Registered Agent signature require		
12. OFFICERS AND DIRECTURE DP	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME HELLER, WILLIAM A.	□ bereit	1.1 TITLE DP	aller utilities A	Change L Addition
AND ALL COMP. AND		12 NAME	eller, William A. 101 Cleveland Street	
HOLLMHOOD EL		1.3 STREET ADDRESS	" Cicverana Street	į
TITLE DST	DELETE	1.4 CITY-ST-ZIP AC	ollywood, FL 33021	
NAME CONRAD, THOMAS A.	Dettil			Change Addition
STREET ADDRESS 8981 N. LAKE DASHA DR.		2.2 NAME		
DI ANTATIONI EI		2 3 STREET ADDRESS		
CITY-ST-ZIP FUNDIATION FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Observe D determine
NAME	□ backit			Change Addition
STREET ADDRESS		3.2 NAME		
CITY-ST-ZIP		3.3 STREET ADDRESS		
THE	DELETE	3.4. CITY-ST-ZIP		Observe Addition
NAME	T perese			☐ Change ☐ Addition
STREET ADDRESS		4. 2 NAME		
CITY-ST-ZIP		4.3 STREET ADDRESS		Ì
TITLE	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		WATER TO SEE STATE OF THE SEE STATE OF T		LI CHANGE LI POSUICON
STREET ADDRESS	C better	E O MAME		
CITY-ST-ZIP	_ vecen	5.2 NAME	e e	_
	_ with	5.3 STREET ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		5.3 STREET ADDRESS 5.4 City-St-Zip		Change
TITLE	DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
TITLE		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition

4. 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 trustee empowered to receive this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attack panel with an address.

SIGNATURE:

3/3/98 9

954/921-7171