FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V62838

(0)

FLODAL CORPORATION

FILED Feb 09 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			I ERDEL BITTON ON THE STATE OF	Ter Albeit bibit Bibit Bibit 1881
3201 S MAPLE SUITE 2 SANTA ANA CA 82707		7744 BAY STREET SUITE 2 SABASTIAN FL 32058			DO NOT WRITE IN THIS SPACE	
US					3. Date Incorporated or Qualified 09/08/1992	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0365796	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State City & Sta		(e		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the cu	irrent year Intangible
24	25	29	30			Yes No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered	Agent
ME	ERCHANT, NOOR M.			81 Name	0	
7744 BAY STREET			Ì	B2 Stree	t Address (P.O. Box Number is Not Acceptable)	
SUITE 2			ļ			
SA	Bastian FL 32958		ŀ	83		
			Ī	84 City	Fi	85 Zip Code
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 Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
office or registered agent, or both, in the State of Horida. 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 the obligations of, Section 607.0506, Florida Statutes.						
SIGNATURE _						
0.0.0.0.0.0	Signature, typed or printed name of registered ag-			Agent signatu	re required when reinstating) DATE	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P HEROMANIT MOOD M	☐ DELETE	1.1 TIT			Change Addition
NAME	MERCHANT, NOOR M.		1.2 NAI			
STREET ADDRESS	7744 BAY STREET, STE. 2			REET ADDRESS	•	ļ
CITY-ST-ZIP	SEBASTIAN, FL			Y - ST - ZIP		Change Addition
TITLE			2.1 7(7)			Cloude Clynoliton
NAME	ALI, MUSTAG 3201 SOUTH MAPLE		2.2 NAI			İ
STREET ADDRESS				IEET ADDRESS		
CITY+ST+ZIP TITLE	SANTA ANA CA			Y-ST-ZIP		Change Addition
NAME	A STORAGE AND A		31 111			C Overside C Monday
STREET ADDRESS	830 RIVER TRAIL		3.2 NAI	ME REFT ADDRESS		
CITY-ST-ZIP	VERO BEACH FL			ree i aduress FY-ST-ZIP		Ì
TITLE	TENO BENOIT E	DELETE	4.1 T()			Change Addition
NAME			4. 2 NA			
STREET ADDRESS				IFFT ADDRESS		1
CITY-ST-ZIP				Y-S1-ZIP		
TITLE		DELFTE	5.1 I(T)			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS			•	EET ADORESS		
CITY-ST-ZIP				Y-ST-ZIP		,
TITLE		DELETE	6.1 7171			Change Addition
NAME			62 NAI	ME		[
STREET ADDRESS			63 STR	EET ADDRESS		
CITY-ST-ZIP				Y-\$1-ZIP		•
	certify that the information supplied w	illy this filma does not qualify			ted in Section 119.07(3)(i), Florida Statutes, I further of	ertify 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 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 on an attachment with an address.

Na A. Muchan

NOOR M. MERCHAWT