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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V67612

(4)

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FILED Feb 02 1998 8:00am Secretary of State

1 11741121	/ & BISSETT, P.A.						
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Principal Place of Business Mailing Address						BUL BIRNI BIRNI BIRNI	
501 N.E. 1ST AVENUE 501 N.E. 1ST AVENUE							
MIAMI FL 33132 MIAMI FL 33132							
					DO NOT WRITE IN THIS	S_SPACE	
1					3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address				09/30/1992			
	lace of Business	2a. Mailing Address	 		4. FEI Number	 ' ' '	olied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0358727		Applicable
					5. Certificate of Status Desired	- \$8.75 A	
27 27			· · · · · · · · · · · · · · · · · · ·				•
23					Election Campaign Financing Trust Fund Contribution	\$5.00 N	
Zip	Country	Zip Country		rv		Added to	
24	25	29	30	,	This corporation owes or has paid the c Personal Property Tax due June 30.		ngible No
	9. Name and Address of Currer		1901		10. Name and Address of New Registered		
ПУ	IRDY, GILBERT JACKSON, JR.	3	8	1 Name		-	
	1 N.E. 1ST AVENUE		_				
1	AMI FL 33132		8:	2 Street Add	dress (P.O. Box Number is Not Acceptable)		-
MAD	AWI FL 33132		8:	3			
			84	4 City	F	85 Zip C	ode
## Discount	to the provinces of Sections 607.050	2 and CO7 1509 Elected Statute	o the char	o nomed oc			registered
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 the obligations of, Section 607.0505, Florida Statutes.							
agent. i a	im familiar with, and accept the obliga-	ations of, Section 607.0505, Fig	orida Statute	95.			
SIGNATURE							
1-	Signature, typed or printed name of registered age	италстие каррисаон. (NOT	.: Registerea A	gent signature req	uired when reinstating) DATE		
	OFFICERS ANI	D DIRECTORS	12		••	ID DIDECTORS	SINI 12
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		
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14. I hereby certify that the information supplied with this filling 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or an example of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or an example of the corporation of the corporation of the receiver of the corporation of the corporat

SIGNATURE:

or at attachment with an address.

305-358620

32E034 (10/97)