Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90052 021 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

i. Corporatio	MENT # · NAME MY AWNING C) **										
Principal Place of Business Mailing Address 2995 N W 75TH STREET 2995 N W 75TH MIAMI FL 33147 MIAMI FL 33147				STREET					DO NOT WRITE IN THIS SPACE				
								3. Date Incorpor 09/17/194					
2. Principal P	lace of Business	Particular de la constante de	2a. Mailing Addr	ess I				4. FEI Number	_		- }-	pplied For	
21			26					<u>59-058733</u>	9			lot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #					5. Certifcate of S	Status Desired		Fee R	Additional lequired	
City & Stat	e		City & State					6. Election Camp Trust Fund Co	•			May Be to Fees	
Zip	Co	untry	Zip		Count	try		8. This corporation		ent year Inta		_/	
24	25		29	3	<u> </u>			Personal Prop			Yes	ØN₀	
	9. Name and A	Idress of Current	Registered Agent	<u></u>	-	B1	Nome	10. Name and Ad	dress of New F	Registered A	Agent		
IΔĐ	PING, HAL PAUL				°	51	Name						
2995 N.W. 75TH ST.					8	B2	Street A	ddress (P.O. Box Numb	er is Not Accepta	able)	•		
MIAMI FL 33147					83								
141174	## 1 E 00 147				l°	3							
1					8	84	City			FL	85 Zip	Code	
11. Pursuant	to the provisions of	Sections 607.0502	and 607.1508, Flori	da Statutes	, the abo	ove-i	named c	orporation submits this s	statement for the	purpose of	changing it	s registered	
agent. I a	egistered agent, or l m familiar with, and	accept the obligation	ons of, Section 607.	ge was aut 0505, Florid I	nonzed d la Statute	es.	ie corpor	ration's board of director.	s, i hereby acce,	и ине арроп	IIIII as i	egistered	
SIGNATURE	Signature, typed or printed	name of registered agent a	and title if applicable.	(NOTE: R	egistered Ag	gent s	ignature req	uired when reinstating)		DATE			
12.		OFFICERS AND			13.			ADDITIONS/CH	HANGES TO OF	FICERS AN			
TITLE	VP		D	ELETE	1,1 TITLE	E					Change	Addition	
NAME	MISHKET, STEV	EN H			1.2 NAME	E		0 . 0	Hill R	2 \			
STREET ADDRESS	16137-SW 74TI	₽₽L			1.3 STRE	EET A	DDRESS	1918 Ferry					
CITY-ST-ZIP	MIAMI-FL-				1.4 CITY	-\$1-2	ZIP	bandridge	TM 37	1222			
TITLE	T		□ D	ELETE	2.1 TITLE	E	-				Change	Addition	
NAME	MISHKET, REBE				2.2 NAMI	Œ		1918 70W	LA WILL			•	
STREET ADDRESS	1 6137 SW 74T 1	l P L			2.3 STRE	EETAI	DORESS	bandridge	, Hill Rd TN 377,	አ ኅ		•	
CITY-ST-ZIP	MAMI-FL				2. 4 CITY		ZIP	Missingle.	110 2110	ر ام		Addition	
TITLE	Р	_	∟ D	ELETE Í	3.1 TITLE						☐ Change	☐ Addition	
NAME	LAPPING, HAL				3.2 NAMI	ΙE	}						
STREET ADDRESS	824 LAKE BLVD				3.3 STRE								
CITY-ST-ZIP	FT LAUDERDAL	EFL		ELETE	3.4. CITY		ZtP				Change	Addition	
TITLE	S LADDING LIND			ELE!E	4.1 TITLE						[_] Criange	L., / Addition	
NAME	LAPPING, LINDA		į		4. 2 NAM								
STREET ADDRESS	824 LAKE BLVD				4.3 STRE								
CITY-ST-ZIP	FT LAUDERDAL	C FL		ELETE	4.4 CITY 5.1 TITLE		ZIP				Change	Addition	
TITLE					5.2 NAME								
NAME STREET ADDRESS					5.3 STRE	EET AL	DORESS						
					5.4 CITY-								
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 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 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305-691-0191