## 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

## DOCUMENT # 262358

## Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90034 004 \*\*\*150.00

IOVOLC	OVE, INC.							
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Principal Plac	e of Business	Mailing Address					IK DIBII GIGIL BEDEL GIGIL	Tigil Dibil IQDI
1801 SOUTH SURF ROAD 1801 SOUTH SURF ROAD								
HOLLYWOOD FL 33019 HOLLYWOOD FL 33019							•	
						O NOT WRITE II	N THIS SPACE	
					3. Date Incorporated			
2 Dringing P	lace of Business	2- Mailing Address			09/04/1962 4. FEI Number	ودرست كزشيتهمه		عزیہ دری جملی عدالہ اللہ
	lace of Business	2a. Mailing Address			•••		<del></del>	pplied For
Suite, Apt.	# atc	Suite, Apt. #, etc.			59-1026420			lot Applicable Additional
22 Suite, Apr.	#, <del>0</del> 10.	27 Suite, Apr. #, etc.			5. Certifcate of Statu	us Desired 🗆	, , , , , ,	Additional lequired
City & Stat	e	City & State			6. Election Campaig	n Financina		May Be
23		28			6. Election Campaig	- 1	• •	I May Be Ito Fees
Zip	Country	Zip	Country		8. This corporation of			10 1 000
24	25		30		Personal Property	•	Yes	√No
	9. Name and Address of Curren		<u> </u>		10. Name and Addre	·	stered Agent	
			81	Name				
EPSTEIN, LOUIS			82	Street A	ddress (P.O. Box Number is	Not Accentable)	<del></del>	
	I SO. SURF RD		"	CHEELO	duless (F.O. DOX Humbol is	140t Acceptable,		
HUL	LYWOOD FL 33019		83					
			84	City			95 7in	Code
				City			FL  85   Zip	Coue
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	-named c	orporation submits this state	ment for the purp	ose of changing its	s registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change was auu tions of Section 607 0505. Florid	horizeα by ι da Statutes	the corpor	ation's board of directors, i	hereby accept the	appointment as re	egisterea
SIGNATURE			au Ciulotoo.					
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: R	Registered Agent		ulred when reinstating)		ATE	_ <del></del>
12.	OFFICERS AN	nt and title if applicable. (NOTE: R	Registered Agent		uited when reinstating) ADDITIONS/CHAN		RS AND DIRECT	
<b>12.</b> TITLE	OFFICERS AN	nt and title if applicable. (NOTE: R	Registered Agent 1.1 TITLE					ORS IN 12
12. TITLE NAME	OFFICERS AN P SCARROW, EARL	nt and title if applicable. (NOTE: R	Registered Agent				RS AND DIRECT	
<b>12.</b> TITLE	P SCARROW, EARL 1801 SO SURF RD	nt and title if applicable. (NOTE: R	Registered Agent 1.1 TITLE	t signature req			RS AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN P SCARROW, EARL 1801 SO SURF RD HOLLYWOOD FL	nt and title if applicable. (NOTE: R ID DIRECTORS	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature req			RS AND DIRECTO	Addition
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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 attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #