PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 381815



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90017 008 ***150.00

J.K.H., 11	NC.							 	C(C) (C) F(O) (D)
Principal Place	 e of Business	Mailing Address				E EMBERIO EFERO FRIGI TIRDE IRIDE FEDER ACIT 9:011 C		FIETH (13) (#1011 I 60 1
700 N.W. 57TH COURT 700 N.W. 57TH COURT FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309						DO NOT WRITE IN THIS	SPACE		
					ŀ	3. Date Incorporated or Qualifed	OI AOL		
					}	05/07/1971			ļ.
2. Principal Place of Business 2a. Mailing Address								Applie	ed For
21 26						59-1346977	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 Additional	
22 27						5. Sertificate of Status 2001100		e Requi	
City & State City & State						6. Election Campaign Financing		00 ма	
23 28			Country			Trust Fund Contribution		ied to F	ees
Zip	Country	Zip	30 Countr	y		This corporation owes the current year in Personal Property Tax.	angible	n	No
24	9. Name and Address of Current		30			10. Name and Address of New Registered		=	
	3. Name and Address of Current	Kegisterou Agent	81	Name					
HEIL	IG, JOHN K.			N 50		. (D.O. Day Number is Not Assentable)			
2100	S. OCEAN LANE		82	Street A	Adares	is (P.O. Box Number is Not Acceptable)			l
	RTMENT 707		83	3					,
FT. l	AUDERDALE FL 33316		84	City			85	Zip Cod	le
						FL	_		
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	thorized by da Statute	the corpo	oration	ation submits this statement for the purpose of s board of directors. I hereby accept the appo	intment a	as regis	lered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ant signature te	equiled w	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS	IN 12
TITLE	PD	DELETE 1.11					Cha		Addition
NAME	HEILIG,JOHN		1.2 NAME	1.2 NAME					
STREET ADORESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREE	TADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-	ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE				Cha	nge	Addition
NAME	HEILIG,MARIAN S.		2.2 NAME						
STREET ADDRESS	2100 S. OCEAN LANE		2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CITY-	2.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	3.1 TITLE				☐ Cha	nge	Addition
NAME	LUTGERT, BEVERLY		3.2 NAME						ļ
STREET ADDRESS	4100 GULF SHORE BLVD		3.3 STREI	ET ADDRESS					İ
CITY-ST-ZIP	NAPLES FL		3 4. CITY-	ST-ZIP			☐ Cha		Addition
TITLE	D	☐ DELETE	4.1 TITLE	.				ii ige	
NAME	HEILIG, JOHN K, JR.		4. 2 NAME						
STREET ADDRESS	JE01 112 E0 1172.			ET ADDRESS	ŀ				İ
CITY-ST-ZIP	FT. LAUDERDALE, FL	☐ DELETE	4.4 CITY- 5 1 TITLE	SI-ZIP			☐ Cha	inge	Addition
TITLE		الما الما الما الما الما الما الما الما	5.2 NAME					5	- 1
NAME STREET ADDRESS				T ADDRESS					{
			5.4 CITY-	i]				
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		-		☐ Cha	inge	Addition
NAME			6.2 NAME						Į
STREET ADDRESS			6.3 STREE	ET ADDRESS	\				}
	I			ST-ZIP	ľ				-

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR