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

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90119 019 ***158.75

DOCL	JMEN	1T #	501	920

Principal Place of Business	Mailing Address 1777 N E 33RD ST POMPANO BEACH FL 33064					
1777 N E 33RD ST POMPANO BEACH FL 33064						
2. Principal Place of Business	2a. Mailing Address					
¬ '	2a. Mailing Address 26 Suite, Apt. #, etc.					
Suite, Apt. #, etc.	26					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State 28					
Suite, Apt. #, etc. City & State	26 Suite, Apt. #, etc. 27 City & State					

	DO NOT WRITE IN THIS S	PACE
3.	Date Incorporated or Qualifed	

Applied For

Fee Required-\$5.00 May Be

Not Applicable \$8.75 Additional

04/26/1976 4. FEI Numbe

59-1662083

5. Certifcate of Status Desired

6. Election Campaign Financing

23		28					Trust Fund C	ontribution	Ш	Adde	d to Fees
Zip	Country	Zip		Country	-	8.	This corporat	ion owes the	current year li	ntangible	_
24	25	29	30]			Personal Pro	perty Tax.		X∕es	□No
Name and Address of Current Registered Agent					10.	Name and A	ddress of N	ew Registered	i Ægent	 	
				81	Name						
Case, david H.			82	Street	Address (P	P.O. Box Numb	per is Not Acc	centable)			
1777 NE 33RD STREET				Oli Cot /	1000 (1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
POM	IPANO BEACH FL 33064	}		83		-	**				
								 ;		105 7	ip Code
				84	City				" 'F l	L 85 Zi	ib Code
11 Pursuant	to the provisions of Section	607.0502 and 607.1508,	Florida Statutes,	the above	-named	corporation	n submits this	statement for	the purpose of	of changing	its registered
office or r	egistered agent, or both, in m familiar with, and accept	the State of Florida. Such c	:hange was auth	orized by	the coroc	oration's bo	oard of directo	rs. I hereby a	ccept the app	ointment as	registered
agent. i a	m ramiliar with, and accept	ine obligations of, Section (J07.0303, F101108	a Otaloles.	•			•			
SIGNATURE	Signature, typed or printed name of re	pistered agent and title if apolicable.	(NOTE: Re	gistered Agen	t signature re	equired when r	reinstating)		DATE		
12.		CERS AND DIRECTORS		13.	-		ADDITIONS/C	HANGES TO	OFFICERS A	ND DIREC	TORS IN 12
TITLE	Р		DELETE	1.1 TITLE						Chang	ge 🔲 Addition
NAME	CASE, DAVID H.			1.2 NAME							
STREET ADDRESS	1777 NE 33RD ST			1.3 STREET	ADDRESS						
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST	r-ZIP						
TITLE	D		ELETE	2.1 TITLE						☐ Chang	ge 🔲 Addition
NAME	QUATTRO, MABEL K			2.2 NAMÉ							
STREET ADDRESS	9093 THUNDERBIRD L	ANE		2.3 STREET	ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 3			2. 4 CITY-S	T-ZIP	, 7					· · · ·
TITLE			DELETE	3.1 TITLE					,	Chang	ge Addition
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	ADDRESS						
CITY-ST-ZIP				3.4. CITY-S	T-ZIP						
TITLE			DELETE	4.1 TITLE						Chang	ge Addition
NAME				4. 2 NAME							
STREET ADDRESS				4 3 STREET	ADDRESS						
CITY-ST-ZIP				4.4 CITY-ST	T-ZIP						
TITLE			DELETE	51 TITLE						☐ Chang	ge Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADORESS						
CITY-ST-ZIP				5.4 CITY-S1	r-ziP						
TITLE			DELETE	6.1 TITLE					-	Chang	ge Addition
_ · · · · 	I					l					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP