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 # 565139

BARRY L. WACHHOLDER, P.A., CERTIFIED PUBLIC ACCO UNTANT:

Principal Plac	ce of Business	Mailing Address					*****	
PUBLIC ACCOUNTANT PUBLIC ACCOUNTANT		•						
		7501 NW 4TH ST #11						
PLANTATION FL 33317 PLAN		PLANTATION FL 3331	INTATION FL 33317			DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed		
						01/09/1978		
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-1784954	No	t Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.					S O-different of Challes Desired	\$8.75 /	dditional
22	27					5. Certifcate of Status Desired	Fee Re	quired
City & Sta	y & State City & State					6. Election Campaign Financing	\$5.00	May Re
23	28					Trust Fund Contribution	Added t	,
Zip	Country Zip			ountry		8. This corporation owes the current year Intang	ible	
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Curr		1-7			10. Name and Address of New Registered Ag	ent	
	131 213	4.4		81	Name		-	
, WAG	CHHOLDER, BARRY L.	· ·		\Box		<u></u>		
7501 NW 4TH ST #112				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	INTATION FL 33317			83			 :	
				83		* * * * * * * * * * * * * * * * * * * *	21,4	
	•			84	City		35 Zip (ode
and the same of the same	see one see the second	<u> </u>				<u> </u>		
						orporation submits this statement for the purpose of cha		
	registered agent, or both, in the Sta am familiar with, and accept the obli					ration's board of directors. I hereby accept the appointment	enras reģ	hereren
SIGNATURE		*						
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (I	NOTE: Registere	ed Agent	t signature req	juired when reinstating) / DATE		
12.	OFFICERS	AND DIRECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND I	IRECTO	RS IN 12
TITLE	PD	DELETE	1.1	TITLE		7	Change	☐ Addition
NAME	WACHHOLDER, BARRY L.		1.2	NAME	!			
STREET ADDRÉSS			13	STREET	ADORESS			
CITY-ST-ZIP	PLANTATION FL			CITY-ST	ľ			
TITLE	· ·	[] DELETE		TITLE	- 211		1 Change	Addition
		LJ BECEI				_	Johango	
NAME .				NAME				
STREET ADORESS	1 1		1		ADDRESS			}
CITY-ST-ZIP		,· 		CITY-ST	r- <u>zip</u>			=
TITLE 1997.4	JAPAN TO THE	☐ DELETE		TITLE] Change	☐ Addition
NAME	Control of the second		2.0	NAME				
STREET ADDRESS			3.2		,			
CITY-ST-ZIP					ADDRESS			
			3.3					:
title ,		DELETE	3.3 3.4.	STREET] Change	Addition
NAME .		DELETE	3.3: 3.4. 4.1	STREET.] Change	Addition
NAME	egiptic (exect)	DELETE	3.3. 3.4. 4.1	STREET. CITY-ST TITLE NAME	r-ZIP	· · · · · · · · · · · · · · · · · · ·] Change	· Addition
NAME STREET ADDRESS	egiptic (exect)	DELETE	3.34 3.4. 4.1 4.2 4.3	STREET. CITY-ST TITLE NAME STREET.	ADDRESS	· · · · · · · · · · · · · · · · · · ·] Change	. Addition
NAME STREET ADDRESS CITY-ST-ZIP	egiptic (exect)		3.3 3.4. 4.1 4.2 4.3 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4	STREET. CITY-ST TITLE NAME STREET. CITY-ST	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP.	egiptic (exect)	☐ DELETE	3.3.3.4.1.1.4.2.2.4.3.3.4.4.4.5.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	STREET. CITY-ST TITLE NAME STREET. CITY-ST-	ADDRESS		Change	Addition
STREET ADDRESS CITY-ST-ZIP. TITLE NAME			3.3: 3.4.1 4.1 4.2 4.3: 4.44 5.1 5.21	STREET. CITY-ST TITLE NAME STREET. CITY-ST- TITLE NAME	ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP.			3.34. 4.1 4.2 4.3 4.4 5.1 5.2 5.3	STREET. CITY-ST TITLE NAME STREET. CITY-ST- TITLE NAME STREET.	ADDRESS - ZIP ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP.			3.34. 4.1 4.2 4.3 4.44 5.1 5.1 5.2 5.3 5.4 6	STREET. CITY-ST TITLE NAME STREET. CITY-ST- TITLE NAME	ADDRESS - ZIP ADDRESS			

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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90017 039 ***150.00