Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90143 019 ***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

DOCUMENT # 600400

| Corporation | INAME TOUGHOST TO THE PROPERTY OF THE PROPERTY | | | | | | | | | |
|---|--|----------|----------------------------|--------------------------|-----------|----------|---|---------------|---------------------------------|--------------|
| Principal Place | of Business | M | ailing Address | _ | | | 1 (881(8 811(1 88(11 89(11 8/11 8/10) (8 | |)); 6)6)) 0)9() | |
| 175 WESTWARD DRIVE 175 WESTWARD DRIVE MIAMI SPRINGS FL 33166-2260 MIAMI SPRINGS FL 33166-2260 | | | | | | | DO NOT WR | E IN THIS S | PDACE | |
| | | | | | | | 3. Date Incorporated or Qualifed | LINTING | JI AOL | |
| 2 Principal Pl | ace of Business | 2a | Mailing Address | | | | 4. FEI Number | | T An | plied For |
| 21 | acc 6/ 255mc00 | 26 | | | | | 59-1233627 | | No. | t Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | \$8.75 | Additional |
| 22 | | 27 | | | | <u> </u> | 5. Certifcate of Status Desired | | Fee Re | equired |
| City & State | 9 | 28 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | |
| Zip | Country | 1-01 | Zip Country | | | | 8. This corporation owes the curre | ent vear Inta | ngible | |
| | 25 | 29 | 30 | 7 | | Ì | Personal Property Tax. | • | X Yes | □No |
| | 9. Name and Address of Current | | tered Agent | | | • | 10. Name and Address of New R | egistered A | gent | |
| | | | | 81 | Name | | | | | } |
| | DBERG, LEONARD | | | 82 | Street | Addres | s (P.O. Box Number is Not Accepta | ible) | | |
| 175 WESTWARD DR. | | | | | | | Turess (r.o. box rumber is not neceptable) | | | |
| MAIM | AII SPRINGS FL 33166 | | | 83 | | | , ., | | | ł |
| • | | | | 84 | City | | : | FL | 85 Zip (| Code |
| office or re agent. I a | egistered agent, or both, in the State of mailiar with, and accept the obligations of the state of second s | ons of | , Section 607.0505, Flonds | Statutes | i. | | hen reinstating) | DATE | | |
| 12. | OFFICERS AND | DIRE | | 13. | | Т | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| TITLE | PD | | X DELETE | 1,1 TITLE | | | | | Change | ☐ Addition |
| NAME | 400000114,20014410 | | | 1.2 NAME | | | | } | | |
| STREET ADDRESS | 175 WESTWARD DR. | | | 1,3 STREE | TADDRESS | | | | | 1 |
| CITY-ST-ZIP | MIAMI SPRINGS FL | | Decision | 1.4 CITY-S 2.1 TITLE | T-ZIP | | | | Change | Addition |
| TITLE | | <u> </u> | | | | 67 | 35 | | A Change | |
| NAME | GELLES,RONALD | | | 2.2 NAME | | Gell | es Ronald Westward OR. | | | |
| STREET ADDRESS | 175 WESTWARD DR. | | | | | 175 | mi springs | | | Į. |
| CITY-ST-ZIP | MIAMI SPRINGS FL | | ☐ DELETE | 2. 4 CITY-5 3.1 TITLE | ST-ZIP | 11111 | THI STRINGS | | Change | Addition |
| TITLE | | | _ DELETE | 3.2 NAME | | } | | | | } |
| NAME | | - | | | T ADDRESS | | | | | |
| STREET ADDRESS | | | | 3.4. CITY-5 | | • | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | 71-21 | t | | | Change | ☐ Addition |
| NAME | | | | 4, 2 NAME | | 1 | | | ÷ | |
| STREET ADDRESS | | | | | TADDRESS | | | | | } |
| CITY-ST-ZIP | | | | 4.4 CITY-S | | | | | | } |
| TITLE | | | DELETE | 5.1 TITLE | | t | | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | | | 1 |
| STREET ADDRESS | | | i | 5.3 STREE | TADDRESS | | | | | 1 |
| CITY-ST-ZIP | | | | 5.4 CITY-S | T-ZIP | | | | | |
| TITLE | | | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition |
| NAME | | | | 6.2 NAME | | 1 | | | | |

14. I hereby certify that the information supplied with his filling 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 supplied annual report of the corporation of the receiver or trusted 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: \(\alpha \)

NAME

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR

Daytime Phone #