FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00



Katherine Harris

			+				
COF ANNU	PROFIT RPORATION JAL REPORT 1999 FLORIDA DEPARTMEN Katherine Ha Secretary of St DIVISION OF CORPO		e Harris	Secretary of State		te	
DOCUI	MENT # 681458	IIDA				DEBEL BIBLE BLBE	ı dıdıl didil indi
Principal Place of Business Mailing Address						41411 01011 0101	B B
1900 NW 44 STREET 1900 NW 44 STREET							
POMPANO BCH FL 33064 POMPANO BCH FL 33064					DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualifed		
					08/07/1980		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 59-2011933		Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Not Applicable Additional
22 27					5. Certificate of Status Desired		Required
City & State City & State				-	6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip				ry	8. This corporation owes the current year In	itangible □ Yes	□No
24 25 29 30 30 9. Name and Address of Current Registered Agent			<u>sol</u>		Personal Property Tax. 10. Name and Address of New Registered		
		3	8	1 Name			11.00
D'ALESSANDRO, GUISEPPE				2 Street A	ddress (P.O. Box Number is Not Acceptable)		
1900 NW 44TH ST							
PUM	PANO BEACH FL 33064		8	3			
			8	4 City	Po I	85 Zip	Code
44 Durauant	to the provisions of Sections 607 0503	and 607 1509. Elorido Statutos	the abo	vo named c	orporation submits this statement for the purpose of	= f.changing i	ts registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was aut	thorized b	y the corpor	ration's board of directors. I hereby accept the appo	intment as r	registered
	m familiar with, and accept the obligati	ions er, section 607.0505, Florid	ua Siaiule	55.	1-27-	99	
SIGNATURE	Signature, typed or wint mame or registered agent	and title if applicable. (NOTE: R	Registered Ag	ent signature req	quired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P CALEGOANDED OURDING	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	D'ALESSANDRO, QUIRINO 17455 IRIS CR.			ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	OLIVETON TRAINING NO		1.4 CITY-				
TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME	:			
STREET ADDRESS	6208 NW 72ND WAY 238		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE	••		3.1 TITLE		-	Change	Addition
NAME	D'ALESSANDRO, ANGELO 6689 NW 26TH WAY		3.2 NAME				
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL		3.4. CITY	ET ADDRESS			
TITLE			4.1 TITLE			☐ Change	Addition
NAME	THE RESERVE TO A STATE OF THE S		4. 2 NAM	E			
STREET ADDRESS	8302 NW 37TH STREET		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-			FT 6:	
TITLE	AS REATY DOREDT 111	☐ DELETE	5.1 TITLE 5.2 NAME			Change	e
NAME STREET ADDRESS	BEATY, ROBERT 111 1864 GOLFVIEW			ET ADDRESS			
CITY-ST-ZIP	S. DAYTONA FL 32119		5.4 CITY-	1	:		:
TITLE	AS	☐ DELETE	6.1 TITLE		, , , , , , , , , , , , , , , , , , ,	Change	Addition
NAME	FEGHIYANGJEH, MASOOD		6.2 NAME	:			
STREET ADDRESS	14735 SW 81 AVENUE		6.3 STRE	ET 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

MIAMI FL 33158

SIGNING OFFICER OR DIRECTOR