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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 735080
 1. Corporation Name

Principal Place of Business Mailing Address
 800 Parkview Dr. 800 Parkview Dr.
 Apt. #125 Apt. #125
 Hallandale, FL 33009 Hallandale, FL 33009
 US US

2. Principal Place of Business 2a. Mailing Address 3. Date incorporated or Qualified
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 03/01/1976
 22 City & State 27 City & State 4. FEI Number 59-1669983 Applied For Not Applicable
 23 Zip Country 28 Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
 24 25 29 30 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
 Simon, Barbara 81 Name
 800 Parkview Drive 82 Street Address (P.O. Box Number is Not Acceptable)
 Apt. #125 83
 Hallandale, FL 33009 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVPT <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simon, Barbara	1.2 NAME	Simon, Barbara
STREET ADDRESS	800 Parkview Drive	1.3 STREET ADDRESS	800 Parkview Drive, #125
CITY-ST-ZIP	Hallandale, FL 33009	1.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gardner, Sylvia	2.2 NAME	Weinstein, David
STREET ADDRESS	800 Parkview Dr.	2.3 STREET ADDRESS	800 Parkview Drive #125
CITY-ST-ZIP	Hallandale, FL 33009	2.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salonia, Richard	3.2 NAME	Anita Percudani
STREET ADDRESS	800 Parkview Dr.	3.3 STREET ADDRESS	800 Parkview Drive #125
CITY-ST-ZIP	Hallandale, FL 33009	3.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Solinsky, Nat	4.2 NAME	Esther Stein
STREET ADDRESS	800 Parkview Drive	4.3 STREET ADDRESS	800 Parkview Drive #125
CITY-ST-ZIP	Hallandale, FL 33009	4.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address without other like empowered.

SIGNATURE: David [Signature] 6-14-99 954-416-800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #