FILED Feb 17, 1999 8:00 am Secretary of State 02-17-1999 90070 017 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

1	1999			9	DIVISION OF	CORPOR		ONS	ļ		<i></i>	070 017	1.0	70.00	
DOCUI	MENT	# F98	30000	005	102										
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Principal Place	of Busines	s		Mailin	g Address					f (DØMAR) tiðu rætur sutti gætir æ	JUL DOUGH D	Ailis Batan Austri (1	ten mmine	R (INC) WEL	
300-1 ROUTE 17 SOUTH, SUITE A 300-1 ROUTE 17 SOUTH, SUITE A										•					
LODI NJ 07644	}			F001	NJ 07644				Ì	DO NOT WRIT	E IN TH	IIS SPACE			
									ł	3. Date incorporated or Qualified					٦
										09/10/1998]
2. Principal Pi	ace of Busin	ness		2a. Mailing Address						4. EEI Number 52-166860"	7		polied		-
21				26					_	32-166600		\$8.75		plicable	┨
Suite, Apl.	#, etc		. }	Suite, Apt. #, etc.				•	İ	5. Certificate of Status Desired	نا	~ - · · -	Podnite		1
City & State	9			City & State				- ·		-6. Election Campaign Financing		\$5.00	May	Be	-
23	•			28						Trust Fund Contribution		Added	to Fe	e 6	1
Zip Country				Zip			Country			8. This corporation owes the curr	ent year	Пи Г	٦		
24	9. Name and Address of Current			29 30						intangible Personal Property. 10. Name and Address of New R	agistar	Yes L	No		┨
	9. Name	and Address	of Current K	egisten	ed Agent		81	Name		IV. Raile Blic Address of New !	ugiero.				1
COF	PORATION	N SERVICE (OMPANY				82		43	s (P.O. Box Number is Not Accepts	hla\				┨
1201 HAYS STREET								82 Speet Addre		is (P.O. Box Number is not Accepte					_
TALLAHASSEE FL 32301-2525															
							84	City				85 Zip	Code		1
						- 456				i be its this systemant for the ou			eniste	red	1
11. Pursuant	to the profit registered as	sions of section gent, or both, in	s 607.0502 ar the State of	1d 607.1 Florida	Such change was i	s, the ab	by	the corpo	ration	tion submits this statement for the poly's board of directors. I hereby accept	t the ap	pointment as r	egiste	red	
f .	am familiar y	ofth, and accep	the obligatio	ns of, se	ection 607.0505, Fil	OUKUB SUBI	utes			8	/5/	99			
SIGNATURE	Signature, Great	or printed nume of	registered agent en	d tale if app	N) (N		red Ag	gent signature	require	id when reinstating)	DATE		000		ქ დ
12.	AODD	OFF	ICERS AND I	DIRECT		13.	n e			ADDITIONS/CHANGES TO OF	ICERS	Change		Addition	CR2E034 (5/99)
TITLE	COBD	AVDAHAM			DELETE		1.1 TITLE 1.2 NAME					Cival go	ч	70000	8
NAME STREET ADDRESS	BAHRY, AVRAHAM 300-1 ROUTE 17 SOUTH, SUIT				FA			1.3 STREET ADDRESS							띮
CITY-ST-ZIP	LODI NJ		,				1.4 CITY-ST-ZIP								18
TITLE	SC				2.1 17	2.1 TITLE					Change		Addition	-	
NAME	GIMURIMAN, ANNA 300-1 ROUTE 17 SOUTH, SUITE A						ME					_			
STREET ADDRESS					ADDRESS				-						
CITY ST-ZIP	LODI NJ ASD	0/644		Doctor			3.1 TITLE					Change	П	Addition	1
TITLE	KLEIN, F	DELETE	3.2 N							_					
STREET ADDRESS 300-1 ROUTE 17 SOUTH, SUITE								ADDRESS	-			~ - ———			-
CITY-ST-ZIP	LODI NJ		-			34 CI	ry-st-	-ZIP		<u> </u>		,	_		-
TITLE	D				OELETE	4.1 11		1	•			Change	L	Addition	1
NAME	HILL, GA		ITTLE CONTR			4.2 N									
STREET ADDRESS 300-1 ROUTE 17 SOUTH, SUITE A LODI NJ 07644						4.4 CI		ADDRESS							
CITY-ST-ZIP TITUE	D CODI NO	U/U-FF			DELETE	5.1 TI		-				Change		Addition]
NAME	KLEIN, F	RANK			Prop appress	52 N	WE	}							
STREET AODRESS	300-1 R0	OUTE 17 SO	UTH, SUITE	Œ A 5			3.3 STREET ADDRESS								
CITY-ST-ZIP	TODI N 1	07644				5.4 Cr	_	-21P					$\overline{}$	4 4 P-1	1
TITLE					DELETE	6.1 TT		ļ				Change	ليا	Addition	
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STREET ADDRESS CITY-ST-ZIP						6.4 CF								_	
14. I harehu ce	artify that the	information su	nating with thi	s filina d	loes not qualify for t	he exemo	tion	stated in a	sectio	n 119.07(3)(i), Florida Statutes. I fun	her certi	fy that the info	rmatio	n	1

Inversely carries the information supplied with this reing does not quality for the exemption stated in section 118.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report of 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 on officer or director of the conformation or the receiver or trustee empowered to execute this report as required by Chaptes 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED