**FILED** 

Feb 18, 1999 8:00am

**Secretary of State** 

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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

	1999	BIVISION OF	CORPORATIONS	<b>i</b>	
1. Corporati	JMENT # G1244 OTER, INC.	7		02-18-1999 90068 043 *	<sup>150.00</sup>
				1 (30)(1) 800(1) 100(1) 113(1) 810(1) 114(1)	! BIBN BIBN BIBN BIBN BIBN BIBN BIBN IN
1	ice of Business	Mailing Address		t content anniferent sider didt alltit fün	. alalı alalı afêti bibli dibli Gibti (68)
6901 SW 56TI   DAVIE FL 333		9853 PINES BOULEVARD	••		
US	114	PEMBROKE PINES FL 330 US	124	DO NOT WRITE IN	THIS SPACE
		••		3. Date Incorporated or Qualifed	THIS SPACE
				12/08/1982	
<b>⊢</b>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	- H - I -	26		59-2238990	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	94 N	10. Name and Address of New Regist	tered Agent
KUF	RLAND, JACQUELINE I		81 Name		
9853 PINES BOULEVARD PEMBROKE PINES FL 33024			82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
			83		* 0 4 * 1
			84 City	A STATE OF THE STA	85 Zip Code
11. Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a itions of, Section 607.0505. Flo	uthorized by the corporati	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agei		: Registered Agent signature require		
TITLE	DST OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
NAME	KURLAND, SHELDON C	LI DELETE	1.1 TITLE 1.2 NAME		
STREET ADDRESS	0004 0111 F0514 001455				☐ Change ☐ Addition
CITY-ST-ZIP	DAVIE FL 33314				☐ Change ☐ Addition
TITLE	DP		1.3 STREET ADDRESS		☐ Change ☐ Addition
NAME	IZIOLAND BOOKEND	☐ DELETE			
STREET ADDRESS	Kurland, Rosalind	☐ DELETE	1.3 STREET ADDRESS		☐ Change ☐ Addition☐ Change ☐ Addition☐
STREET ADDRESS	4004 0344	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		
CITY-ST-ZIP		□ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		
CITY-ST-ZIP	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE NAME	6901 S.W. 56TH COURT		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	6901 S.W. 56TH COURT DAVIE FL 33314		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	6901 S.W. 56TH COURT DAVIE FL 33314		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	22.	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	15.	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	32.	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	32.	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Addition☐ ☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	32.	Change Addition  Change Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	32.	☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Addition☐ ☐ Change ☐ Addition☐
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	32.	Change Addition  Change Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	15.	Change Addition  Change Addition  Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	6901 S.W. 56TH COURT DAVIE FL 33314	☐ DELETE ☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	22.	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition

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 chapter 607, attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SHELDON C. KURLAND, SECR. 1/27/99

(954) 436-6080

Daytime Phone #