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**PROFIT** CORPORATION ANNUAL REPORT

1999

SALVER & MUSSMAN, P.A.

DOCUMENT # K41977

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90231 002 \*\*\*150.00

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Principal Place	e of Business	Mailing A	Address				7	18819111 611 81881 11818 18111 18811 1481 81811 41	## #### ##############################	EYETI GIĞIL ISBI	
C/O PAUL SAL	VFR	C/O PAU	l salver				Ì				
5881 N.W. 151 ST ST. SUITE 101 5881 N.W. 151 ST ST. SUITE 10			101	1							
uiami lakes f	L 33014	MIAMI LA	KES FL 33014				DO NOT WRITE IN THIS SPACE				
							3.	Date Incorporated or Qualifed		1	
							<del> </del>	10/25/1988	<del></del>		
2. Principal Pl	lace of Business	2a, Maili	ng Address				4.	FEI Number	<del></del>	pplied For	
1		26					$\bot$	65-0077789		lot Applicable	
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.				5.	Certifcate of Status Desired	, -	Additional Required	
2		27	<del></del>				↓				
City & Stati	e	City	& State				6.	Election Campaign Financing		May Be	
3		28				<del></del> _	↓	Trust Fund Contribution		to Fees	
Zip	Country	Zip	_	Cour	itry		8.	This corporation owes the current year Int	angible Yes		
4	25	29		30			ــِـــ	Personal Property Tax.	<del></del>	LING	
<u> </u>	9. Name and Address of Current	Registered	Agent		81	Name	10.	Name and Address of New Registered	Agent		
CALL	/er, paul			}	ا''	Manne				]	
	N.W. 151ST ST. SUITE 101			ţ	82	Street Addre	ss (F	O.O. Box Number is Not Acceptable)			
	M LAKES FL 33014			Į							
MIAN	WI LANES PL 33014			ł	83						
				ŀ	84	City			85 Zip	Code	
						•		FL	ــــــــــــــــــــــــــــــــــــــ		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Su	ch changé was aut	thorized	by ti	-named corpo he corporation	ration n's bo	n submits this statement for the purpose of oard of directors. I hereby accept the appoi	changing it itment as r	ts registered registered	
SIGNATURE	· · · · -										
	Signature, typed or printed name of registered agent	t and title if applica	ble. (NOTE: F	Registered A	Agent	signature required					
12.	OFFICERS ANI	DIRECTOR		13.				ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	DP		☐ DELETE	1.1 TIT	LE				Change	Addition	
NAME	SALVER, PAUL			1.2 NA	ΜE	Ì				ļ	
STREET ADDRESS	5881 N.W. 151ST ST.#101			1.3 STI	REET	ADDRESS				J	
CITY-ST-ZIP	MIAMI LAKES FL			1.4 CIT	Y-ST-	ZIP					
TITLE	DVP	- ·	DELETE	2.1 717	LE	}			Change	Addition	
NAME	MUSSMAN, JAY			2.2 NA	ME						
STREET ADDRESS	5881 NW-151 ST, #101	-	سيسد : سخد	. 2.3 STI	REET	ADDRESS					
CITY-ST-ZIP	MIAMI LAKES FL			2.4 CF	TY-ST	-ZIP					
TITLE	7, 17		☐ DELETE	3.1 777	LΕ				☐ Change	Addition	
NAME				3.2 NA	ME			•			
STREET ADDRESS	}			3.3 STI	REET	ADDRESS		-		}	
CITY-ST-ZIP	<del>:</del>			3.4. CI						ļ	
TITLE			DELETE	4.1 TIT			_		[] Change	Addition	
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STREET ADDRESS				•		ADDRESS				ſ	
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NAME				•		ADDDEEC					
STREET ADDRESS	}	$\sim$				ADDRESS				Ì	
CITY-ST-ZIP				6.4 CIT	Y-ST-	-ZIP					

14. Thereby certify that the information supplied with this thing 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 of 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 or an attachment with an address with all other like empowered.

**SIGNATURE:** 

REQUIRED YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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