Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

☐ Yes

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K79914

Country

9. Name and Address of Current Registered Agent

25

JEFF TOMBERG, J.D., P.A.

2. Principal Place of Business

TOMBERG, JEFF

Suite, Apt. #, etc.

SIGNATURE:

City & State

22

23

24

Principal Place of Business Mailing Address

626 SE 4TH STREET PO DRAWER EE
BOYNTON BEACH FL 33435 BOYNTON BCH FL 33425

26

27

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90068 006 ***150.00



DO NOT WRITE IN THIS SPACE

ÎΠ

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

<u>04/07/1989</u>

65-0103087

4. FEI Number

626	S.E. 4TH ST.		62	3"	reet Address (P.O. BOX Number	is not Accep	nable)		,	}
	NTON BEACH FL 33435		83	 -			-				
									laci	Zip Co	
			84	Cit	ty			FL	85	ZIP C	Jue
office or n	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	n change was auth	onzed by	the (med corporation's l	on submits this sta locard of directors.	atement for th I hereby acc	e purpose of ept the appoi	changi ntment	ng its r as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	e. (NOTE: Re	gistered Agen	nt signa	ature required when	reinstating)	- ····	DATE			
12.	OFFICERS AND DIRECTORS		13.		<u> </u>	ADDITIONS/CH	ANGES TO C	FFICERS AN	ID DIR	ECTOF	RS IN 12
TITLE	PVP	☐ DELETE	1.1 TITLE				·		C	ange	☐ Addition
NAME 1	TOMBERG, JEFF TOMBERG		1.2 NAME								
STREET ADDRESS	626 SE 4TH STREET		1.3 STREET	T ADDI	RESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-ST	T-ZIP							
mr.e.	STD	☐ DELETE	2.1 TITLE						CH	ange	☐ Addition
NAME -	TOMBERG, JEFF TOMBERG		2.2 NAME								
STREET ADDRESS	626 SE 4TH STREET		2.3 STREET	TADDE	RESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435		2.4 CITY-S	iT-ZIP		_					
TITLE		☐ DELETE	3.1 TITLE					<u>.</u> .	☐ C	ange	Addition
NAME	,	~~ ~	3.2 NAME			. *			-		
STREET ADDRESS	•		3.3 STREET	T ADDI	RESS	•					
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TITLE		☐ DELETE	4.1 TITLE						□ CI	ange	☐ Addition
NAME			4. 2 NAME								İ
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CITY-ST-ZIP			4.4 CITY-ST	T-ZIP				<u> </u>			
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STREET ADDRESS			5.3 STREET	TADO	RESS						{
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TITLE		☐ DELETE	6.1 TITLE						□ CI	ange	Addition
NAME			6.2 NAME								1
STREET ADDRESS			6.3 STREET	TADDI	RESS						ĺ
CITY-ST-ZIP		•	6.4 CITY-ST								
indicated officer or	vertify that the information supplied with this filing doe on this annual report or supplemental annual report director of the corporation or the receiver or trustee or Block 13 if maged, or on an attachment with an	is true and accurate empowered to exec	e and that cute this re	t my epor	signature sha t as required l	all have the same	leoal effect as	it made und	er oath	; that i	am an

Country

81 Name

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