**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

## **FILED** Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90004 043 \*\*\*150.00



DOCUM  1. Corporation I  B F T CO		6				01-25-1999 90004 043 *****13		
Principal Place	of Business		Mailing Address	.,			•	
9990 SW 77TH A		:	9990 SW 77TH AVE.					
330			330 MIAMI FL 33156-2699			DO NOT WRITE IN THIS	SPACE	
MIAMI FL 33156- US	2699	• (	US			3. Date Incorporated or Qualifed		
	•	γċ	3			10/07/1985		
2. Principal Pla	ce of Business	$\overline{}$	2a. Mailing Address			4. FEI Number	<u> </u>	lied For
21			26			59-2599467	\$8.75 Ad	Applicable
Suite, Apt. #	, etc.	j,	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Req	
22			27 City % State			6. Election Campaign Financing	\$5.00 N	May Be
City & State	•	ŀ	City & State			Trust Fund Contribution	Added to	*
23	Country		28	Country		8. This corporation owes the current year in	tangible	
Zip	25	٠, ١		30		Personal Property Tax.	Yes	No
24	9. Name and Address of Curr					10. Name and Address of New Registered	Agent	
	· · · · · · · · · · · · · · · · · · ·			81	Name			
	GOLIS, JOHN A.	1.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	SW 77TH AVE., SUITE 330	4		83	· <del> ·</del>	- 10 (14 (14 ) 1 (15 ) (15 ) (16 )	112	181699199
STE.	10 11 FL 33156	Į,	•	63				\$ \$ \$ \$ \$
		1		84	City	FI	85 Zip C	
155 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sur:	1500 -	COZ 1509 Elecido Statutos	s the above	-named corp	oration submits this statement for the purpose of	f changing its	registered
11. Pursuant t	o the provisions of Sections 607.0 egistered agent, or both, in the Sta	ite of I	Florida, Such change was aut	thorized by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as reg	gistered
agent I ar	n familiar with, and accept the obl	IDATION						
4 3	Transfer with the second	9-11-0	is di, decilori dar locas, i lan	da Ominio				
CONATURE			_			d when reinstating) DATE		· · · · · ·
CONATURE	Signature, typed or printed name of registered	agent an	nd title if applicable. (NOTE: F	Registered Agen		d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent an	nd title if applicable. (NOTE: F	13.		d when reinstating) DATE		· · · · · ·
SIGNATURE	Signature, typed or printed name of registered OFFICERS PD MARGOLIS, JOHN A.	agent an	nd title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	st signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
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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 changed, after a particular with an address, with all other like empowered.

SIGNATURE: