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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name

## FILED Apr 15, 1999 8:00 am Secretary of State

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1515 BROAD STREET 1515 BROAD STREET									
BLOOMFIELD NJ 07003-3069 BLOOMFIELD NJ 07003-3069			)			DO NOT WRI	TE IN THIS	SPACE	
us us						3. Date Incorporated or Qualifed			
						12/30/1985			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
<u> </u>	idd of Basiless	26	]			22-2593414 Not Applicable			Not Applicable
21   26     Suite, Apt. #, etc.   Suite, Apt. #, etc.				_				\$8.7	5 Additional
22 27					į	5. Certifcate of Status Desired		Fee	Required
	City & State			-	6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip ·	Count	у		8. This corporation owes the current year Intengible			
24	25	29	30			Personal Property Tax.		□ ¥es	□No
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New F	Registered .	Agent	
	CORORITION OVOTEN		8	1 Name	9				
1	CORPORATION SYSTEM		8	2 Stree	t Addres	ss (P.O. Box Number is Not Accepta	able)		
	S. PINE ISLAND ROAD								
PLAI	NTATION FL 33324		8	3					
]			8	4 City				85 Z	ip Code
1							FL	<u>.                                    </u>	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida, Such change was all	s, the abo	ve-name	d corpor	ation submits this statement for the 's board of directors. I hereby accer	purpose of ot the appoi	changing ntment as	registered registered
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statute	s.	poradon	,			-
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·			v beriuper e	when reinstating)	DATE	ID DIREC	TOPS 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, or on an adjachment with an address, with all other like empowered.

SIGNATURE:

SIZE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR