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CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

PROFIT Katherine Harris

DOCUMENT # P9300063034

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90232 037 ***158.75



	(, INC.									
	,						I SERBSON SIN INING HINI NEKIN NOMIK I		11188 11111 11111	1111 010 1 10
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Principal Place	e of Business	Ma	iling Address						EXIDE FIRM BOIDS	\$1131 4 381 1 56 1
33 SE 4TH ST		33	SE 4TH ST				İ			
STE 100 STE 100										
BOCA RATON FL 33432 BOCA RATON FL 3343			CA RATON FL 33432				DO NOT WRITE	IN THIS	SPACE	
US		US					3. Date Incorporated or Qualifed			
							09/09/1993			
2. Principal P	lace of Business	2a.	Mailing Address			-	4. FEI Number		<u> </u>	olied For
21		26					65-0445328		Not	Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	ZV.	\$8.75 A	
22	·	27					3. Common or Common 1.	7~	- Fee Red	` '
City & Stat	re ·		City & State				6. Election Campaign Financing	7	\$5.00 :	
23		28					Trust Fund Contribution		Added to	Fees
Zip	Country		Zip		intry		8. This corporation owes the current	t year Int		
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Regis	tered Agent				10. Name and Address of New Reg	jistered	Agent	
					81	Name				
	VORSEN, JEFFREY T				82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
	SE 4TH ST							<u> </u>		
STE					83					
BOC	CA RATON FL 33432				84	C:1-			85 Zip C	ode
					04	City	,	FL	. 63 2100	l
11. Pursuant	to the provisions of Sections 607.050	2 and 60	07.1508, Florida Statut	es, the a	bove	-named corpo	ration submits this statement for the pu	rpose of	changing its	registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga-	of Florid	la. Such change was a	uthorized	by t	the corporation	's board of directors. I hereby accept to	he appoi	ntment as reg	jistered
	· .	idons oi,	00000, 100		- 100.		•			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it	f applicable. (NOTE	: Registered	Agent	signature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRE								
TITLE			CTORS	13.			ADDITIONS/CHANGES TO OFFICE	CERS AN	ND DIRECTO	
NAME	D		CTORS DELETE	13.	TLE	T	ADDITIONS/CHANGES TO OFFIC	CERS AN	ND DIRECTO	RS IN 12 Addition
	, -			_			ADDITIONS/CHANGES TO OFFIC	CERS AN		
	HALVORSEN, JEFFREY T			1.1 Tľ 1.2 N/	AME	ADDRESS	ADDITIONS/CHANGES TO OFFIC	CERS AN		
STREET ADDRESS	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100			1.1 Tf 1.2 N/ 1.3 \$1	AME TREET	1	ADDITIONS/CHANGES TO OFFIC	CERS AN		
STREET ADDRESS CITY-ST-ZIP	HALVORSEN, JEFFREY T			1.1 Tf 1.2 N/ 1.3 \$1	AME TREET /	1	ADDITIONS/CHANGES TO OFFIC	CERS AN		
STREET ADDRESS CITY-ST-ZIP TITLE	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		☐ DELETE	1.1 TC 1.2 N/ 1.3 ST 1.4 CC 2.1 TC	AME TREET A TY-ST- TLE	1	ADDITIONS/CHANGES TO OFFIC	CERS AN	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		☐ DELETE	1.1 Tf 1.2 N/ 1.3 ST 1.4 Cf 2.1 Tf 2.2 N/	AME TREET / TY-ST- TLE AME	-ZIP	ADDITIONS/CHANGES TO OFFIC	CERS AN	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		☐ DELETE	1.1 Tf 1.2 N/ 1.3 ST 1.4 Cf 2.1 Tf 2.2 N/ 2.3 ST	AME TREET / TY-ST- TLE AME	-ZIP ADORESS	ADDITIONS/CHANGES TO OFFIC	CERS AN	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE	1.1 Tf 1.2 N/ 1.3 S1 1.4 Cf 2.1 Tf 2.2 N/ 2.3 S1 2.4 C	AME ITY-ST- TLE AME ITY-ST	-ZIP ADORESS		CERS AN	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		☐ DELETE	1.1 TΓ 1.2 N/ 1.3 ST 1.4 CΓ 2.1 TΓ 2.2 N/ 2.3 ST 2.4 C 3.1 TΓ	AME TREET / TLE AME TREET / TITY-ST	-ZIP ADORESS		ZZZ	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE	1.1 TIT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV	AME TREET AME TREET AME TREET AME TREET AME TREET AME	-ZIP ADORESS T-ZIP		ZZZ	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE	1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI	AME IREET / ITY-ST- ILE AME IREET / ITE AME	ADDRESS ADDRESS		CERS AN	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		☐ DELETE ☐ DELETE	1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C	AME TREET TLE AME TREET TLE TLE TREET TLE TREET	ADDRESS ADDRESS		CERS AN	Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE	1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT	AME TREET AME AME TREET AME TREET AME TREET AME TREET AME TREET AME TREET AME	ADDRESS ADDRESS		ZERS AN	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		☐ DELETE ☐ DELETE	1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C	AME TREET AME AME TREET AME TREET AME TREET AME TREET AME TREET AME TREET AME	ADDRESS ADDRESS		ZZZ	Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE DELETE	1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4 C 4.1 TI 4.2 NV 4.3 SI	TREET, TILE AME TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE TREET, TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		ZERS AN	Change Change Change Change	Addition Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TF 4.2 NV 4.3 ST 4.4 CT 4.4 CT 1.5 TT 1.5	TREET / TITY-ST- TILE AME TREET / TILE TREET / TITY-ST TILE TREET / TITY-ST TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		ZZZ	Change Change Change Change	Addition Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100		DELETE DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.3	AME IREET/ ITY-ST- ITLE AME IREET/ ITLE AME IREET/ ITLE IREET/ ITLE IREET/ ITLE IREET/ ITLE IREET/ ITLE AME IREET/ ITLE AME IREET/ ITLE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		ZZZ	Change Change Change Change	Addition Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100 BOCA RATON FL		DELETE DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.3	IREET / ITY-ST. TILE AME IREET / ITY-ST. TILE AME IREET / ITY-ST. TILE IMME IREET / ITY-ST. TILE AME IREET / ITY-ST. TILE IREET / ITY-ST.	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		ZZZ	Change Change Change Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100 BOCA RATON FL		DELETE DELETE DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 1.7 T 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 5.4 CI 5.4 CI 5.4 CI 5.5 T T 5.2 NV 5.3 ST 5.4 CI 5.4 CI 5.4 CI 5.5 T T 5.2 NV 5.3 ST 5.4 CI 5.4 CI 5.5 T T 5.2 NV 5.3 ST 5.4 CI 5.4 CI 5.5 T T 5.2 NV 5.3 ST 5.4 CI 5.5 T T 5.2 NV 5.3 ST 5.4 CI 5.5 T T 5.4 CI 5.5 T T 5.4 CI 5.5 T T 5.2 NV 5.3 ST 5.4 CI 5.5 T T 5.4 CI 5.5 T T 5.5 T T 5.4 CI 5.5 T T 5.5 T T 5.4 CI 5.5 T T	AME IREET / ITY-ST. TILE AME IREET / ITY-ST ITLE AME IREET / ITY-ST ITLE AME IREET / ITY-ST ITTLE AME IREET / ITY-ST ITTLE ITY-ST ITTLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		ZZZ	Change Change Change Change	Addition Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALVORSEN, JEFFREY T 33 SE 4TH ST STE 100 BOCA RATON FL		DELETE DELETE DELETE	1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 1.5 LV 5.1 TT 5.2 NV 5.3 ST 5.4 CI 6.1 TT 6.2 NV 6.2	AME IREET / ITY-ST. TILE AME IREET / ITY-ST. TILE AME IREET / ITY-ST. TILE AME ITY-ST. TILE AME ITY-ST. TILE AME ITY-ST. TILE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS -ZIP		ZZZ	Change Change Change Change	Addition Addition Addition 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 of 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 attachment with an address, with all other like empowered.

SIGNATURE: