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

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90081 040 ***150.00

DOCUMENT #	P94000024	286

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Principal Place of Business Mailing Address				T I DON'T COLLUNG 1917 I DUNIT DON'T POLITY OR SHI DONIN SHEET DIDING THOUS SOUTH DUTE TOUR					
899 W CYPRESS CREED RD 900 899 W CYPRESS CREED RD 900									
321				DO NOT WRITE IN THIS SPACE					
FT LAUDERDAL US	E FL 33309	FT LAUDERDALE FL 33309 US				3. Date Incorporated or Qualifed			
03		03				03/25/1994			
2. Principal P	lace of Business	2a. Mailing Address		····	-	4. FEI Number			Applied For
21		26				65-0475980			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			I	5. Certifcate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired	. 그	Fee	Required
City & State	e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		Adde	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curr	ent year int	angible Yes	□No □
24	25	[29] [3	0			Personal Property Tax.	Pagietarad	<i>_</i>	□No
	9. Name and Address of Current	Registered Agent	8	1 Na	ame	10. Name and Address of New F	registereu	Agent	
LEW	INGER, RICK		Ľ	1,40	anno				
	W. CYPRESS CREEK #321		8	2 St	reet Address	s (P.O. Box Number is Not Accepta	ible)		
	T LAUDERDALE FL 33309		8	3				•	
			L						
			8	4 Cit	ty		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-nar	med corpora	ation submits this statement for the	purpose of	changing i	ts registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth ons of, Section 607,0505, Florid	norized b a Statute	y the o es.	corporation's	s board of directors. I hereby accer	t the appoi	ntment as	registered
SIGNATURE		,							7
	Signature, typed or printed name of registered agent a			ent signa	ature required wh	****	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE					☐ Change	e Addition
NAME	BLECKER, STEVE		1.2 NAME						
STREET ADDRESS	899 W CYPRESS CREED RD 32	1	1.3 STRE		RESS				
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	1.4 CITY-					☐ Change	Addition
TITLE	D D	[] DEFEIE	2.1 TITLE					☐ Citalige	, D. Youngui
NAME	LEWINGER, RICK	•	2.2 NAME						
STREET ADDRESS	899 W CYPRESS CREED RD 32	1	2.3 STRE		\$]
CITY-ST-ZIP	FT LAUDERDALE FL	☐ DELETE	2.4 CITY 3.1 TITLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE		DECETE			1			C Change	
NAME STREET ADDRESS			3.2 NAME 3.3 STRE		DECC				
STREET ADDRESS			3.4. CITY		- 1				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE					Change	Addition
NAME			4. 2 NAMI						
STREET ADDRESS			4.3 STRE		RESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME			•			
STREET ADDRESS		,	5.3 STRE	ET ADDR	RESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			6.2 NAME	•					
STREET ADDRESS			6.3 STRE	ET ADDR	RESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP					

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 rue 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 interest 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, was an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF

ING OFFICER OR DIRECTOR

1/29/99 954-493-6500

R2E034 (11/98)