Applied For

Fee Required

\$5.00 May Be

Added to Fees

⋈ No

Yes

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT

1999

AILSTOCK, JANET P

18191 NW 68TH AVE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000047596

Principal Place of Bu	usiness	Mailing Address					
18191 NW 68TH AVE MIAMI FL 33015		18191 NW 68TH AVE MIAMI FL 33015					
2. Principal Place of Business		2a. Mailing Address 26 Suite Ant # etc					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
		Suite, Apt. #, etc.					

FILED Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90066 003 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

 \Box

06/21/1994 4. FEI Number

65-0502082

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)

MIAMI FL 33015		83						
			100					
			84	City	FL	85	Zip C	ode
44 Durayant	to the provisions of Sections 607.0502 and 607.1508	Florida Statutes	the above	e-named como	pration submits this statement for the purpose of	chang	na its r	egistered
office or r	egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	i change was autho	orized by	the corporation	n's board of directors. I hereby accept the appoi	ntment	as reg	istered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Reg	istered Ager	t signature required	when reinstating) DATE			(
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIR	ECTOR	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			CI	iange	☐ Addition
NAME	HERSH, ROBERT		1 2 NAME					
STREET ADDRESS	18191 NW 68TH AVE		1.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	r-zip				
TITLE	VD	☐ DELETE	2.1 TITLE			C	ange	☐ Addition
NAME	RAPPAPORT, DEAN S	i	2.2 NAME					
STREET ADDRESS	18191 N.W. 68TH AVENUE		2.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-S	IT-ZIP				
TITLE	V	DELETE	3.1 TITLE				ange	☐ Addition
NAME	POPPE, DENNIS		3.2 NAME					
STREET ADDRESS	18191 N.W. 68TH AVENUE		3.3 STREE	ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP				
TITLE	VST	DELETE	41 TITLE			CI	ange	☐ Addition
NAME	BLUTH, THOMAS M		4. 2 NAME	1				
STREET ADDRESS	18191 N.W. 68TH AVENUE		4.3 STREE	ADDRESS	•			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-\$	T-ZIP				,
TITLE		☐ DELETE	5.1 TITLE				nange	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZiP				
TITLE		☐ DELETE	6.1 TITLE			CI	nange	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	1				
14. I hereby	certify that the information supplied with this filing doe	s not qualify for the	e exempt	ion stated in So	ection 119.07(3)(i), Florida Statutes. I further cer	tify the	t the in	tormation

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 attachment with an address, with all other like empowered.