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

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90257 012 ***150.00

DOCUMENT #	P94000050047
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Corporation	Name	030041			\					
	ROUP, INC.									
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	•				1					1611 661 1661 1611 1661 1661
	, , , , , , , , , , , , , , , , , , ,	Mailing Address			_			ERII ADIII DDIA		1841 1881 1 8 81
Principal Place	•	-								
4917 NW 110TH		4917 NW 110TH TERR CORAL SPRINGS FL 33076								
CORAL SPRING	15 FL 33076	US					DO NOT WRI	TE IN THIS	SPACE	
00		•			3.	Date Incorpo	orated or Qualifed			
	·. · · · ·				-	07/01/199	94			}
2. Principal Pt	ace of Business	2a. Mailing Address			4.	FEI Number			Api	lied For
21	•	26	· ·			65-05097	33		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Cortiforto of	Status Desired		\$8.75 A	dditional
22	The second second	27				Certificate of	Status Desired	<u> </u>	, Fee Re	quired
City & State	e .	City & State			6.	Election Car	npaign Financing		\$5.00	May Be
23	•	28				Trust Fund	Contribution	<u> </u>	Added to	Fees
Zip	· Country	Zip	Count	ГУ	8.	This corpora	ition owes the cur	rent year Int		_
24	25	29	30			Personal Pr			Z_S\	□No
	9. Name and Address of Curren	nt Registered Agent			10.	Name and	Address of New	Registered	Agent	
,			8	1 Name		m.	Karlin	^		ļ
	TON, FRANK J		8	2 Street Add	ደር ጣይ ress./F		ber is Not Accept			
	W SAMPLE RD, 400		[*	4700	- ('	heridas	7 1			
COR	AL SPRINGS FL 33065		8	3 211					;	
			8	(3) de	r	-			85 Zip C	ode
				Holl	٠ ا ا	الهري		FL	. 33	02
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute:	s, the abo	ve-named corp	an atio	n aubmita thic	statement for the	purpose of	changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut tions of Section 607 0505. Florid	thorized b da Statute	y the corporations.	on's b	oard of direct	ors. I nereby acce	pt the appoi	nimeni as reg	Jisiereu
						1	110199			ļ
SIGNATURE	Signature, typed or printed name of egistered age	nt and title if applicable. (NOTE: I	Registered Ag	ent signature require			1 1	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/	CHANGES TO OF	FICERS AN		
TITLE	D .	☐ DELETE	1.1 TITLE						☐ Change	☐ Addition
NAME	CHASE, WILLIAM		1.2 NAME	 						İ
STREET ADDRESS	4917 NW 110TH TERR		1.3 STREET ADDRESS						•	ì
CITY-ST-ZIP	CORAL SPRINGS FL 33076	_	1.4 CITY-	ST-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE	:					Change	Addition \
NAME	SOSA, SAMMY		2.2 NAME	:		•	•			ĺ
STREET ADDRESS	4917 NW 110TH TERR '		2.3 STRE	ET ADDRESS						}
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2. 4 CITY	-ST-ZIP.		_	•			
TITLE	P	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME	CHASE, WILLIAM		3.2 NAME	:						
STREET ADDRESS	4917 NW 110TH TERR		3.3 STRE	ET ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL 33076		3.4. CITY	-ST-ZIP				•	•	
TITLE		☐ DELETE	4.1 TITLE				-		☐ Change	☐ Addition
NAME	·		4. 2 NAM	E						
STREET ADDRESS			4.3 STRE	ET ADDRESS					٠.	
CITY-ST-ZIP			4.4 CITY-							
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME	1						,
STREET ADDRESS	· .		5.3 STRE	ET ADDRESS						ł
CITY-ST-ZIP			5.4 CITY-	·ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE				•		Change	Addition
NAME :			6.2 NAME	:						
STREET ANDRESS			6.3 STRE	ET ADDRESS						

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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: