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

PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

04-23-1999 90231 031 ***150.00

DOCUI 1. Corporation F P, INC		065911					
Principal Place	e of Business	Mailing Address			T \$200\$\$E00 HIN LEUKI BENER OBENE NOUKI DOKEN BOULD		(B) (1981) (81 1881
3700-B HACIENDA BLVD 3700-B HACIENDA BLVD							
FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314					DO HOT WOMEN THE ODAGE		
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
3 D-::1D	lane of Divisions	2a. Mailing Address			08/31/1994 4. FEI Number		Applied For
2. Principal Place of Business 2a. Mailing Address 2b					65-05 19353		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Additional	
22					5. Certifcate of Status Desired _ L		Required====
City & State City & State					6. Election Campaign Financing	\$5.0	0 May Be
23	28				Trust Fund Contribution		d to Fees
Zip	Country Zip C				8. This corporation owes the current year Int	angible	
24	25 29 30				Personal Property Tax.	☐ Yes	EHVO.
	9. Name and Address of Curren	t Registered Agent		. .	10. Name and Address of New Registered	Agent	
DDE	AIT MADEAL		81	Name			
	NT, KAREN		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3700-B HACIENDA BLVD FT. L'AUDERDALE FL 33314							
ri. LAUDERDALE FL 33314			83				ļ
	•		84	City		85 Zij	p Code
					FL	•	to registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (amiljat with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	Much How	T KAREN	\mathcal{H}	DRE		79	
12.	Stiff entire, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS		egistered Agent signature required		ADDITIONS/CHANGES TO OFFICERS AN		TORS IN 12
TITLE	D	DELETE 1,1			ADDITIONOS IN MICE TO CIT TO ENTO A	Chang	
NAME	DRENT, RONALD		1.2 NAME				
STREET ADDRESS	3700-B HACIENDA BLVD			ADDRESS			}
CITY-ST-ZIP	FT. LAUDERDALE FL			T-ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE			☐ Chang	e 🔲 Addition
NAME	DRENT, KAREN						İ
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREET	ADDRESS			
CITY-ST-ZIP			.2.4 CITY-S	IT-ZIP	and the same of th	-	
TITLE			3.1 TITLE			☐ Chang	e
NAME	CERUTTI, CHUCK		3.2 NAME				1
STREET ADDRESS	3700-B HACIENDA BLVD		3.3 STREET	TADORESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 34.		3.4. CITY-S	T-ZIP	s		
TITLE	· · · · · · · · · · · · · · · · · · ·		4.1 TITLE			Chang	e Addition
NAME	·		4. 2 NAME				1
STREET ADDRESS		4.3 S		F ADDRESS			
CITY-ST-ZIP				T-ZIP	<u> </u>	Char-	e Addition
TITLE .			5.1 TITLE		-	☐ Chang	e 🗆 Munion
NAME			5.2 NAME	T ADDDESS			}
STREET ADDRESS			5.3 STREET 5.4 CITY-S				
CITY-ST-ZIP		5.4 C		1-21		☐ Chang	e Addition
TITLE			6.2 NAME				
NAME STOREST ADDDESS				TADDRESS			Į.
STREET ADDRESS	the second section of the State		6.4 CITY-S				
OU 1-01-715 3	[#@1675476.07 ff2]				<u> </u>		

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 extrustee 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:

4-12-55

954-563-/// 2 Daytime Phone #