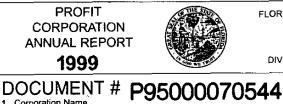
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90133 030 ***150.00

,, cc.pe.a.e.	— —								
any Bul	.B, INC.						 		
Principal Place	of Business	Mailing A	Address						
4100 N. POWERLINE RD., STE, H5 POMPANO BEACH FL 33073 4100 N. POWERLINE RD., STE, H5 POMPANO BEACH FL 33073 POMPANO BEACH FL 33073								IG 0010F	
	•						DO NOT WRITE IN TH	IS SPACE	
							3. Date Incorporated or Qualifed 09/08/1995		
2. Principal Pl	ace of Business	2a. Mailii	ng Address				4. FEI Number	<u> </u>	plied For
21		26					<u>65-0618015</u>		t Applicable
Suite, Apt.	#, etc.	Suite 27	, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A Fee Re	
City & State			& State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added t	
Zip	Country	Zip		Countr	<u></u>		8. This corporation owes the current year	Intangible	
24	25	29	30	,			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered	Agent	'			10. Name and Address of New Registere	d Agent	
		-		81	Name				
GERSOWSKY, JAKE					34	A	(D.O. Barrishania Nat Appendahla)		
4100 N POWERLINE RD					Street	Addres	ss (P.O. Box Number is Not Acceptable)		
STE H-5					,			_	
POMPANO BEACH FL 33073									
					City	FL 85 Zip Code			
office or re	to the provisions of Sections 607.05(egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida Su	ch change was auth	iorizen bi	/ the cord	corpor oration	ration submits this statement for the purpose 's board of directors. I hereby accept the app	of changing its pointment as re-	registered gistered
SIGNATURE	Signature, typed or printed name of registered age					required v	when reinstating) DATE	_	
12.	OFFICERS AI	_		13.		•	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	TD DATE OF OR	☐ DELETE	1.1 TITLE		DIR	CCIOR	☐ Change	Addition
NAME	FABIAN, RONALD			1.2 NAME			CTANLEY		1
}	4100 N. POWERLINE RD., STE	. UE			ET ADDRESS	CIVI	382 BUENA VENTURA	DRIVE	
STREET ADDRESS	_	. 110		1.4 C/TY-		100	CA RATON , FL 33498		İ
CITY-ST-ZIP	POMPANO BEACH FL 33073		☐ DELETE	2.1 TITLE	5(-2)r			Change	Addition
TITLE	S S S S S S S S S S S S S S S S S S S			2.1 HILL 2.2 NAME			ector	_ ,	
NAME	GERSOWSKY, JAKE			l		Hu	DE DEREK		- \
STREET ADDRESS	4100 N POWERLINE RD H-5			1	ET ADDRESS	900	I NW 13 STREET		
CITY-ST-ZIP	POMPANO BEACH FL 33073		DELETE	2. 4 CITY-	ST-ZIP	PLA	NTATION FL 33322	Change	Addition
TITLE			L) DELETE	3.1 TITLE				svange	
NAME (3.2 NAME					į
STREET ADDRESS				33 STREI	ET ADDRESS				{
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	ļ		☐ Change	☐ Addition
TITLE			☐ DELETE	4.1 TITLE				☐ Change	
NAME				4. 2 NAME					Į
STREET ADDRESS				4.3 STRE	ET ADORESS	Ì			
CITY-ST-ZIP				4.4 CITY-	ST-ZIP	ļ			
TITLE			DELETE	5.1 TITLE			_	☐ Change	☐ Addition
NAME	,			5.2 NAME			•		
STDEET ADDRESS				5.3 STRE	ET ADDRESS	}			1

CITY-ST-ZIP 14. I hereby certify that the information sopplied 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 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 changes, or or yan attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

954-984-9136

Change

☐ Addition