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

DOCUMENT # P96000088636

Corporation Name

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90103 030 ***150.00

	NC.						
		S.E. Clina - S. Halanson					
Principal Place of Busine		Mailing Address					
1627 SW 81ST AVE. 1627 SW 81ST AVE. N. LAUDERDALE FL 33068 N. LAUDERDALE FL 33068							
N. LAUDENDALE PL 33008 N. LAUDENDALE PL 33000					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	•				10/28/1996		
Principal Place of Business Za. Mailing Address				4. FEI Number	<u> </u>	plied For	
21 26				65-07048 <u>28</u>		t Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22		7			0.	-Fee Re	
— ···, ·· · · · · · · · · · · · · · · ·		City & State	ity & State		6. Election Campaign Financing	\$5.00	· .
23 28					Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible ☐ Yes	⊠No
24	25 2		9		Personal Property Tax. 10. Name and Address of New Registere		AINO
9. Nam	e and Address of Current Re	gistered Agent	81	Name	10. Name and Address of New Augustere	u Agent	
DIAMBROSIO	MARYANN G						
D'AMBROSIO, MARYANN G 4100 NW 106 AVE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065			83				
001012 0111111	,				V-20		
			84	City	F	■ 85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the			the above	a-named c	ornoration submits this statement for the nurnose	of changing its	registered
office or registered a	gent or both in the State of Fig	orida. Such change was auth	ionzed by	ine corbor	ration's board of directors. I hereby accept the app	pointment as re	gistered
agent. I am familiar v	with, and accept the obligations	of, Section 607.0505, Florida	a Statutes	-			
SIGNATURE Signature tro	ed or printed name of registered agent and t	itle if applicable. (NOTE: Re	custered Age	nt signature red	quired when reinstating) DATE		ì
12.		,					
	OFFICERS AND DI	RECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE P	OFFICERS AND DI	RECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
'	OSIO, MARYANN G				ADDITIONS/CHANGES TO OFFICERS		
NAME D'AMBR			1.1 TITLE	ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
NAME D'AMBR	NOSIO, MARYANN G N 106 AVE		1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS	Change	
NAME D'AMBR STREET ADDRESS 4100 NV	OSIO, MARYANN G		1.1 TITLE 1.2 NAME 1.3 STREET		ADDITIONS/CHANGES TO OFFICERS		
NAME D'AMBR STREET ADDRESS 4100 NV CITY-ST-ZIP CORAL TITLE VP	ROSIO, MARYANN G N 106 AVE SPRINGS FL 33065	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	T-ZIP		☐ Change	☐ Addition
NAME D'AMBR STREET ADDRESS CITY-ST-ZIP CORAL TITLE VP NAME MCCON	ROSIO, MARYANN G N 106 AVE SPRINGS FL 33065 INELL, KRISTA	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	T-ZIP		☐ Change	☐ Addition
NAME D'AMBR STREET ADDRESS CITY-ST-ZIP CORAL TITLE VP NAME MCCON STREET ADDRESS 1505 N.	ROSIO, MARYANIN G N 106 AVE SPRINGS FL 33065 INELL, KRISTA W. 91ST AVENUE, APT. 103	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	T-ZIP		Change Change	☐ Addition ☐ Addition ☐ Addition
NAME D'AMBR STREET ADDRESS CITY-ST-ZIP CORAL TITLE VP NAME MCCON STREET ADDRESS 1505 N.	ROSIO, MARYANN G N 106 AVE SPRINGS FL 33065 INELL, KRISTA	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP	additions/changes to officers.	☐ Change	☐ Addition
NAME D'AMBR STREET ADDRESS CITY-ST-ZIP CORAL TITLE VP NAME MCCON STREET ADDRESS 1505 N. CITY-ST-ZIP CORAL	ROSIO, MARYANIN G N 106 AVE SPRINGS FL 33065 INELL, KRISTA W. 91ST AVENUE, APT. 103	□ DELETE □ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	T-ZIP		Change Change	☐ Addition ☐ Addition ☐ Addition
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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 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.

SIGNATURE: MANGALE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99 (

(45-1) 3-45-03-19 Daytime Phone #