## 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 # P9

The American Dream, Inc.

Principal Place of Business

Mailing Address

1300 NW 76Th AVE.

## Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90009 019 \*\*\*150.00

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1300 HW 16 HVC.	1300 144 10			
Plantation FL. 33312	Plantation, FL, 33322		DO NOT WRITE IN THIS SPACE	
Plantetion / E. 30-0			3. Date Incorporated or Qualifed	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 1300 NW 76 AVE	26 1300WW76	Ave.	65-0737434	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Clote	City & State		C. Floation Companies Financias	<del> </del>
City & State  23 Plantation FL 33322	<u> </u>		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 33322 25 Broward	Zip 29 33322 30	Broward	This corporation owes the current year Int Personal Property Tax.	angible □Yes <b>⊠</b> No
9. Name and Address of Curren		BY Case ! -	10. Name and Address of New Registered	Agent
5. Italia and reactors of ourion		81 Name M	<del></del>	
		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
		83	go row remove	_
			antation	
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.050	2 CO7 1E09 Florido Statutos	the above named corns		changing its registered
office or registered agent, or boths in the State	of Florida. Such change was auth	orized by the corporation	on's board of directors. I hereby accept the appoi	ntment as registered
agent. I am familia with and accept the obliga	tions of, Section 607.0505, Florida	a Statutes.	0	
SIGNATURE Wholey /	MICHAEL	KIEIN	MRES MAY O	24 1999
Signature, typed or prified name of registered ager		gistered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
170 4	D DIRECTORS DELETE		RES	Change Addition
				<b>Ja</b>
NAME ROY KOSAKOW STREET ADDRESS 22641 MARIDIA	11 DE	12 NAME	Michael KIEIN 300 NW 76 AJIE	
STREET ADDRESS 22641 MARKINIA	C 00 4 2 3.	1.3 STREET ADDRESS	Plantation F1 33.	322
CITY-ST-ZIP BOCA ROTOW			TANIATION FI 33.	D DIRECTORS IN 12 Change Addition
TITLE	☐ DÉLETE	21 TITLE		Change LI Addition
NAME		22 NAME		]
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
ппе	DELETE	31 TITLE	<u></u> -	☐ Change ☐ Addition
NAME		32 NAME		"-
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		B I		
City-st-zip		5 3 STREET ADDRESS		
		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
l IIILE	☐ DELETE	1		☐ Change ☐ Addition
TITLE	☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

6.4 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 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.