PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

Secretary of State —
DIVISION OF CORPORATIONS

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90013 009 ****75.00

	1999	DIVISION OF	CORPORATIONS	04-25-1999 900	013 010 **	***/5.00	
DOCL	MENT # P98000	047750					
1. Corporation	on Name	04//09	÷ .				
BETWE	en heaven & Earth Heal	TH CENTER, INC.	•· ·	<u> </u>			
ļ) () (188 1) 1 88 1) 1 883		
Principal Plac	ce of Business	Mailing Address		1 10011001 110 101010 101010 101010		*****	
9333 NW 53RD		9333 NW 53RD CT.		Ì			
SUNRISE FL 3	I3351	sunfise FL 33351		DO NOT WRITE IN THIS	S SPACE		
				3. Date Incorporated or Qualifed			
				05/26/1998			
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	plied For	
21		26		65-0841035		t Applicable	
Suite, Apt		Suite, Apt. #, etc.	a hatti	5. Certificate of Status Desired	\$8.75 A		
City & Sta		27 (a C) OV2	ing e Uray	a Floring Compains Financins	\$5.00		
		28 1 Javi R	- F /	6. Election Campaign_Financing Trust Fund Contribution	Added t		
23	Country	Zip	Country	S. This corporation owes the current year in			
24 33	314 B Kroun	M29 33314	30 Brown	Personal Property Tax.	☐ Yes	□No	
<i>O.O.</i>	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent		
046	OO DANIEL O		81 Name			ļ	
GASS, DANIEL G 10001 NW 50TH ST.			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)			
L .	E. 204						
	204 NRISE FL 33351		83				
33.			84 City	FI	85 Zip C	Code	
44 0	to the provinces of Sections FOT 0501	2 and 607 1508. Florida Statut	es, the above-named cor		f changing its	registered	
office or	registered agent, or both, in the State	of Florida, Such change was a	uthorized by the corporation	poration stormts this statement for the purpose of the specifical's board of directors. I hereby accept the appoint	ointment as rec	gistered	
agent, i a	am tamiliar with, and accept the obligat	IDUS OF Section on transfer					
!						1	
SIGNATURE	Signature, typed or praited name of registered agent		Registered Agent signature requi	ed when reinstating) DATE		1	
12.	Signature, typed or printed name of registered agent OFFICERS AN	t and title if applicable. (NOTE D DIRECTORS	Registered Agent signature requi		ND DIRECTO	1	
12.	Signature, typed or preside name of registered agent OFFICERS AN PRESIDENT	and tele of applicable. (NOTE D DIRECTORS DELETE	Registered Agent signature required 13.	ed when reinstating) DATE		1	
12. TITLE NAME	Stgrature, typed or protect name of registered agent OFFICERS AN PRESIDENT OFFICERS AN OHERUL ABRUZZA	and the l'applicable. INOTE D DIRECTORS DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	ND DIRECTO	1	
12. TITLE NAME STREET ADDRESS	Structure, upped or printed name of registered apper OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RA CH	t and life of applicable. (NOTE) D DIRECTORS DELETE C	Registered Agent signeture reduce 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTO	1	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Structure, upped or printed name of registered apper OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RA CH	t and life of applicable. (NOTE) D DIRECTORS DELETE C	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	ND DIRECTO	RS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Strature. Oped or printed name of registered aper OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CF SWRISE, FL 33 VICE PRESIDENT	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent algorithm reduce 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating) DATE	ND DIRECTO	RS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Strature. Oped or puried name of ingitated apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RA CT SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG	D DIRECTORS DELETE Delete Delete Delete Delete Delete Delete Delete Delete	Registered Agent algorithm reduce 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating) DATE	ND DIRECTO	RS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Strature. Oped or puried name of ingitated apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RA CT SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG	D DIRECTORS DELETE Delete Delete Delete Delete Delete Delete Delete Delete	Registered Agent algorithm reduce 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Strature. Oped or printed name of registered aper OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CF SWRISE, FL 33 VICE PRESIDENT	D DIRECTORS DELETE Delete Delete Delete Delete Delete Delete Delete Delete	Registered Agent signeture required to the signed to the s	ed when reinstating) DATE	ND DIRECTO	RS IN 12	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strature. Oped or puried name of ingitated apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RA CT SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG	D DIRECTORS DELETE Delete Delete Delete Delete Delete Delete Delete Delete	Registered Agent signeture reduce 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Strature. Oped or partial name of registered aper- OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CT SUNRISE, FL 33 VICE PRESIDENT YNGE LYNNG \$ /445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE Delete Delete Delete Delete Delete Delete Delete Delete	Registered Agent signeture required to the signeture requirements signeture signet	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Strature. Oped or partial name of registered aper- OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CT SUNRISE, FL 33 VICE PRESIDENT YNGE LYNNG \$ /445 ATLANTIC SHE HALLANDALE, F	OD DIRECTORS ODELETE ODELETE	Registered Agent signeture required to the signed to the s	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Strature. Oped or partial name of registered aper- OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CT SUNRISE, FL 33 VICE PRESIDENT YNGE LYNNG \$ /445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE Delete Delete Delete Delete Delete Delete Delete Delete	Registered Agent signeture required to the signed agent s	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Strature. Oped or partial name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CF SWRISE, FL 33 VICE PRESIDENT YNGE LAUNG \$ /445 ATLANTIC SHE HALLANDALE, F	OD DIRECTORS ODELETE ODELETE	Registered Agent signeture required to the signed to the s	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Strature. Oped or partial name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CF SWRISE, FL 33 VICE PRESIDENT YNGE LAUNG \$ /445 ATLANTIC SHE HALLANDALE, F	OD DIRECTORS ODELETE ODELETE	Registered Agent algorithm reduct 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strature. Oped or partial name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CF SWRISE, FL 33 VICE PRESIDENT YNGE LAUNG \$ /445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE	Registered Agent algorithm required in the second s	ed when reinstating) DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Strature. Oped or partial name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CF SWRISE, FL 33 VICE PRESIDENT YNGE LAUNG \$ /445 ATLANTIC SHE HALLANDALE, F	OD DIRECTORS ODELETE ODELETE	Registered Agent algorithm reduct 1.3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed when reinstating) DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Strature. Novel or partied name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RB CH SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG 1445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE	Registered Agent algorithm required in the second state of the second se	ed when reinstating) DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Strature. Novel or partied name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RB CH SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG 1445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE	Registered Agent algorithm required in the second state of the second state of the second sec	ed when reinstating) DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Strature. Novel or partied name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RB CH SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG 1445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE	Registered Agent algorithm required in the second state of the second state of the second sec	ed when reinstating) DATE	ND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Strature. Novel or partied name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE 9333 NW 53RB CH SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG 1445 ATLANTIC SHE HALLANDALE, F	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent algorithm required in the second state of the second state of the second sec	ed when reinstating) DATE	Change Change Change	RS IN 12 Addition Addition Addition Addition	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Strature. Novel or partied name of registered apart OFFICERS AN PRESIDENT CHERYL ABRUZZE \$ 9333 NW 53RD CH SWRISE, FL 33 VICE PRESIDENT YNGE LYUNG \$ 1445 ATLANTIC 5/46 HALLANDALE, F	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	Registered Agent algorithm required in the second state of the second state of the second sec	ed when reinstating) DATE	Change Change Change	RS IN 12 Addition Addition Addition Addition	

14. Thereby 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

791-4452 Daytime Phone #