## 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

## FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90267 048 \*\*\*150.00

| 7. Corporatio                                           | MENT # S54031 BUILDING INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                           |                               | •         |                                                                          |                           |                       |                                    |                        |                  |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------|-------------------------------|-----------|--------------------------------------------------------------------------|---------------------------|-----------------------|------------------------------------|------------------------|------------------|
| Principal Plac                                          | e of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address                                          |                           |                               |           | 1                                                                        |                           |                       |                                    | 411H 110H 100H         |                  |
| 2601 S.W. 79TH AVE<br>SUITE 206<br>DAVIE FL 33328<br>US |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2601 S.W. 79TH AVE<br>SUITE 206<br>DAVIE FL 33328<br>US  |                           |                               |           | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  05/16/1991 |                           |                       |                                    |                        | 7                |
| 2. Principal Place of Business                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2a. Mailing Address                                      |                           |                               |           | 4. FEI N                                                                 |                           |                       | Ar                                 | or lied For            | -                |
| 21                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26                                                       |                           |                               |           | 65-0253057                                                               |                           | <u>`</u>              | ot Applicable                      | ┨                      |                  |
| Suite, Act. #, etc.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Suite, Apt. #, etc.                                      | -                         |                               |           |                                                                          |                           |                       |                                    | A Iditional            | 1                |
| 22                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 27                                                       |                           |                               |           | 5. Ceru                                                                  | fc.ate of Status Desired  |                       | Fee Ro                             | ec uired               |                  |
| City & State                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City & State                                             |                           |                               |           | 6. Elect                                                                 | io i Campaign Financing   |                       | \$5.00                             | May Be                 | 7                |
| 23                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                                       |                           |                               |           | Trust                                                                    | Fund Contribution         |                       | Added                              | tc Fees                | _                |
| Zip                                                     | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                                      | Country                   |                               |           | 1                                                                        | cc rporation owes the cur | rent year             |                                    | 17.                    | 1                |
| 24                                                      | 9. Name and Address of Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Pagistered Agent                                         | 30                        |                               |           |                                                                          | e and Address of New I    | Pogists-              | Yes                                | ∐No                    | +                |
|                                                         | 5. Name and Address of Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Negistered Agent                                         |                           | 81 Nam                        |           | TU, Main                                                                 | e and Address of New      | register              | eu Agent                           |                        | 1                |
| LOMASTRO, STEVEN 2066 SW 81ST WAY DAVIE FL 33324        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                           | 83<br>84 City                 |           |                                                                          | Number is Not Accept      | F                     | ·L                                 | Code                   | -<br>-<br>-<br>- |
| office cr r                                             | to the provisions of Sc ctions 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation of the state of the st | Florida. Such change was<br>ons of, Section 607.0505, Fl | authorized<br>orida Statu | by the cor<br>tes.            | pore tion | ration subn                                                              | cirectors. I hereby acce  | purpose<br>pt the app | of changing its<br>pointment as re | registered<br>g stered |                  |
| 12.                                                     | OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | 13.                       | 13.                           |           | ADDITIONS/CHANGES TO OFFICERS /                                          |                           |                       | ND DIRECTOF:S IN 12                |                        | ] }              |
| TITLE                                                   | P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | □ DELETE                                                 |                           | .E                            | 101       | 1 -1 -                                                                   |                           | Change                | Addition                           | ] ;                    |                  |
| NAME<br>STREET ADDRE 3S<br>CITY-ST-ZIP                  | STEVEN LAMASTRO<br>2601 S.W. 79TH AVE, STE. 206<br>DAVIE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                           | ME<br>REET ADDRES<br>Y-ST-ZIP | St        | even Lomastro                                                            |                           |                       |                                    |                        | 100              |
| TITLE                                                   | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DELETE                                                   | 2.1 TITI                  |                               | +-        |                                                                          |                           |                       | Change                             | Addition               | 1 8              |
| NAME<br>STREET ADDRE 3S<br>CITY-ST-ZIP                  | FEDERICI, JIMI<br>2601 S.W. 79TH AVE., STE. 206<br>DAVIE FL 33328                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ^                                                        | 2.2 NAI<br>2.3 STF        |                               | s         |                                                                          |                           |                       | J                                  |                        |                  |
| TITLE                                                   | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DELETE                                                   | 3.1 TITI                  |                               | $\top$    | _                                                                        |                           |                       | Change                             | Addition               | 1                |
| NAME                                                    | BRAWLEY, LORI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7                                                        | 3.2 NA                    | ΑE                            |           |                                                                          |                           |                       |                                    |                        | 1                |
| STREET ADDRE 3S                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | 3.3 STF                   | EET ADDRES                    | s         |                                                                          |                           |                       |                                    |                        |                  |
| CITY-ST-ZIP                                             | SUNRISE FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | 3.4. CIT                  | Y-ST-ZIP                      |           |                                                                          |                           |                       |                                    |                        |                  |
| TITLE                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ DELETE                                                 | 4 1 TITI                  | E                             |           |                                                                          |                           |                       | ☐ Change                           | Addition               |                  |
| NAME                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | 4. 2 NA                   | ME                            |           |                                                                          |                           |                       |                                    |                        |                  |
| STREET ADDRESS                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | 4.3 STF                   | EET ADDRESS                   | s         |                                                                          |                           |                       |                                    |                        |                  |
| CITY-ST-ZIP                                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |                           | r-ST-ZIP                      |           |                                                                          |                           |                       |                                    | <u></u>                |                  |
| TITLE                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ DELETE                                                 | 5.1 TITE                  |                               |           |                                                                          |                           |                       | Change                             | ☐ Addition             |                  |
| NAME                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | 5.2 NAM                   |                               |           |                                                                          |                           |                       |                                    |                        |                  |
| STREET ADDRESS.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                           | EET ADDRESS                   | 3         |                                                                          |                           |                       |                                    |                        |                  |
| CITY-ST-ZIP                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                           | /-ST-ZIP                      | <b>↓</b>  | _                                                                        |                           |                       |                                    |                        | 1                |
| TITLE                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ DELETE                                                 | 6.1 TITE                  |                               |           |                                                                          |                           |                       | Change                             | ☐ Addition             | Ì                |
| NAME                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | 6.2 NAA                   |                               |           |                                                                          |                           |                       |                                    |                        |                  |
| STREET ADDRESS                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                           | EET ADDRESS                   | 9         |                                                                          |                           |                       |                                    |                        |                  |
| CITY-ST-ZIP 1                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          | ■ 6.4 CIT                 | -ST-ZIP                       | 1         |                                                                          |                           |                       |                                    |                        | 1                |

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 ε nnual 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 cr director of the corporation or the receiver or truetee empowered to ε xecute this report as required by Chapte: 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a lother like empowered.