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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **S86238**

1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90225 041 ***150.00

FREDAL	AN, INC.								
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	•								
Principal Place	e of Business	Mailing Address				((BEISEN IN INISE BUILD HERN IN	. 18:1 81811 8:81		
3801 HOLLYWOOD BLVD. 3801 HOLLYWOOD BLVD.									
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						DO NOT WEITE	IN TURO C	DAGE	
						DO NOT WRITE	: IN 1 HIS 5	PACE	
						3. Date Incorporated or Qualifed 10/08/1991			ĺ
						10/00/1991 4. FEI Number		l lan	nlied For
— '.	Place of Business	2a. Mailing Address				65-0287600			plied For t Applicable
21		26 Suite, Apt. #, etc					"-	\$8.75 A	
Suite, Apt.	#, etc	⊢			- '	5. Certifcate of Status Desired		Fee Re	
City & Stat		City & State				5 Election Compaign Election		\$5.00	
	le Control	28				Election Campaign Financing Trust Fund Contribution		Added t	- 1
Zip	Country	Zip	Count			This corporation owes the current	nt vear intan		
24	25		30	•		Personal Property Tax.		Yes	□No
	9. Name and Address of Current		50			10. Name and Address of New Re	gistered Ag	jent	
			8	1 Name	,				
	ZIN, ALFRED		<u> </u>			(D.O. D N has is black to see the	la\		
3801	1 Hollywood Blvd.		8	2 Street	Addres	ss (P.O. Box Number is Not Acceptab	ie)		
HOL	LYWOOD FL 33021		8	3					
			L			<u> </u>			
			\8	4 City			FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607 1508. Florida Statute	s the abo	Ve-named	1 corpor	ation submits this statement for the p		anging its	registered
TI. Fursuant	registered agent, or both, in the State of	of Florida. Such change was au	thorized b	y the com	oration	's board of directors. I hereby accept	the appointr	nent as re	gistered
office or r		CO	de Ciele	y 1110 0011	30.01.01.	O Dadia di amboloreri i ilene, Lerepi			I
οπι ce or r agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statute	is.	30.41.01.	0 pada 0. angasarar maraa, 20pa	• • •		
office of f agent. I a SIGNATURE	am tamiliar with, and accept the obligat	gons or, Section 607.0505, Flor	qua Statute	15.			DATE		
, agent. I a	im familiar with, and accept the obligat	at and title if applicable. (NOTE:	qua Statute	15.		when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
, agent. I a	am familiar with, and accept the obligat	at and title if applicable. (NOTE:	Registered Ag	ent signature		when reinstating)	DATE CERS AND		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	at and title if applicable. (NOTE: D DIRECTORS	Registered Ag	ent signature		when reinstating)	DATE CERS AND	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI D WHITTHORNE, EUZABETH	at and title if applicable. (NOTE: D DIRECTORS	Registered Ag 13. 1.1 TITLE	ent signature	required w	when reinstating)	DATE CERS AND	DIRECTO	ORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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 changers or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: