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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V05704**

1. Corporation Name

Principal Place of Business	Mailing Addre	SS
11375 NW 18TH MANOR CORAL SPRINGS FL 33071-5708 US	11975 NW 18T CORAL SPRING US	
2 Principal Place of Business	2a. Mailing Ad	dress

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90032 030 ***150.00

MUE AS	SOCIATES, INC.	4					III 818II I 9 8I
Principal Place	e of Business	Mailing Address					
	1 MANOR IS FL 33071-5708	11375 NW 18TH MANOR CORAL SPRINGS FL 33071-5	5708		DO NOT WRITE IN T	HIS SPACE	
US		U\$			3. Date Incorporated or Qualifed		* ',
•					01/10/1992		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	1000 01 20011000	26			65-0308928	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	I .
22		27			5. Certificate of Status Desired	Fee Rec	'
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 1	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year		⊐No
24	25	<u> </u>	30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent		81 Name	10, Hame und Addices of Hear Hegies		
FNG	ELBERG, MICHAEL D.		L			<u> </u>	
	5 NW 18TH MANOR			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	and the second second	2 3 1 5 7 6 7 1
	AL SPRINGS FL 33071		ļ	83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	新 : 12 [4] (C)	1,141,151
			1			85 Zip C	odo
		*		84 City		<u>-</u> L '	.
11 Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	s, the ab	ove-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap-	e of changing its	egistered
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was au ons of, Section 607.0505, Flori	ithonzed ida Statu	by the corporation	on's board of directors. I hereby accept the ap	ppointment as reg	istered
	ann ichtimica vital, chie desept and designation	,				**	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered /	Agent signature require			- 3
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	Addition Addition
TITLE	PD	☐ DELETE	1.1 TITI		4.3. 1	C. Change	
NAME .	ENGELBERG, MICHAEL D.		1.2 NA		1. 1. 1.		
STREET ADDRESS	11375 NW 18TH MANOR			l	* • • • • • • • • • • • • • • • • • • •	÷	
CITY-ST-ZIP	CORAL SPRINGS FL		1	REET ADDRESS	e e e e e e e e e e e e e e e e e e e	·	
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CITY-ST-ZIP		☐ DELETE	1,4 CIT 2.1 TIT 2.2 NA 2.3 STI	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		☐ Change	
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Www

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