## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90059 015 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	V1	1224
4 6 6 11		_ ,	

1. Corporation Name

Principal Place of Business   Mailing Address   SUITE 109   TAMARAC F, 3321   US   SUITE 109   TAMARAC F, 33221   US	NATIONA	AT RASINESS CENTER OF	r TAMAHAG, INC	J.						
SUITE 109	Principal Place	e of Business	Mailing Addres	SS				i 1881i Bilani tibdt tinta ttnia tinti atni atni	BEBEL MIDII BEBEL MI	/BI1 B5811 1891
US	SUITE 109		SUITE 109					DO <b>N</b> OT WRITE IN THI	S SPACE	
2. Principal Place of Business   2a, Masing Address   5		3321		3321			3.	. Date Incorporated or Qualifed		
2. Mainte part   2. M	1		00							
Sulfie, Apt. #, etc. 27 27 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	2. Principal Pl	ace of Business	2a. Mailing Ad	dress			4.		Apr	plied For
Suit, Apt. 8, etc. 27 27 27 28 28 29 29 20 City & State 29 Country 20 City & State 20 20 Country 20 21 22 20 20 20 20 20 20 20 20 20 20 20 20	<b>⊢</b> , '		<del></del>					65-0315729		
City & State   City	Suite, Apt.	#, etc.	— <u> </u>	#, etc.			5.	. Certifcate of Status Desired	•	
Zip   Country   Zip   Country   Zip   Country   S. This corporation owes the current year intangable   Personal Property Tax   Yes   No		e		te			6.	. Election Campaign Financing	\$5.00	May Be
Zip   Country   Zip   Country   Zip   Country   Se   This comporation owes the current year Intengable   Personal Property Tax.   Change   Name   Address of Current Registered Agent   Street Address of New Registered Agent   Street Address	23		28					Trust Fund Contribution	Added to	o Fees
9. Name and Address of Current Registered Agent  SCHREIBER, BRUCE 8400 N UNIVERSITY DR. TAMARAC FL 33321  11. Purpasent to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE		Country	Zip		Country		8.	. This corporation owes the current year I		<b>-</b>
SCHREIBER, BRUCE 8400 N UNIVERSITY DR. TAMARAC FL 33321  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered general and interest agent and the rileoptoate (nOTE: Propieters Agent agents required when releasting)  TITLE  SD  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SCHREIBER, LOUIS  SCHREIBER, LOUIS  STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  14 TITLE  V  ROOKS, BEVERLY  32 AMAR  32 STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  14 TITLE  V  ROOKS, BEVERLY  33 STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  14 TITLE  V  ROOKS, BEVERLY  33 STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  15 TITLE  V  ROOKS, BEVERLY  34 ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  15 TITLE  V  ROOKS, BEVERLY  34 STREET ADDRESS  CITY-ST-ZIP  TAMARAC FL  DELETE  15 TITLE  DELETE  15 TITLE  Change  Addition  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	24	25	29	30						L,JNo
SCHREIBER, BRUCE 8400 N UNIVERSITY DR. TAMARAC FL 33321  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85   Zip Code  85   Signature registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,505, Florida Statutes.  SIGNATURE  SIGNATURE  SU OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  SU OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LY ORDERS AND NUNIVERSITY DR.  13. TAMARAC FL  14. CITY-ST-ZP  TAMARAC FL  14. CITY-ST-ZP  TITLE  V ORDERS AND NUNIVERSITY DR.  15. STREET ADDRESS		9. Name and Address of Curr	ent Registered Agen	t			10.	. Name and Address of New Registere	d Agent	
## City ## Cit	0011	DEIDED DOUGE			81	Name				
SIGNATURE   SO   DELETE   STREET ADDRESS   SACIONS BY SEVERLY   STREET ADDRESS   STREET A					82	Street A	ddress (f	P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE	TAM	ARAC FL 33321			83					
T1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signiture, Typed or primed rame of impatiened agent and title if applicable (NOTE: Registered Agent significant required when renotation).  T1. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE SD CHREIBER, LOUIS  STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 12. MARE  STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 22. NAME  STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 22. NAME  STREET ADDRESS  AND INVIVERSITY DR. 22. STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 24. CITY-ST-ZPP  TAMARAG FL 35. STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 36. Change Addition  Addition  Addition  TITLE ADDRESS  CITY-ST-ZPP  TAMARAG FL 35. STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 35. STREET ADDRESS  CITY-ST-ZPP  TAMARAG FL 36. Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Change Addition  TITLE ADDRESS  CITY-ST-ZPP  TITLE ADDRESS  CITY-ST-ZPP		•			84	City			85 Zip C	ode
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   SD	office or re agent. Fai	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida, Such cha gations of, Section 60	ange was autho 7.0505, Florida	Statutes.	ine corpor	auon's b	poard of directors. Thereby accept the app	pintment as reg	jistered
TITLE SD DELETE 1.1 TITLE	42			(NOTE: Regi		signature req			AND DIRECTO	RS IN 12
NAME STREET ADDRESS COTY-ST-ZPP TAMARAC FL TITLE PD SCHREIBER, BRUCE STREET ADDRESS COTY-ST-ZPP TAMARAC FL TITLE PD SCHREIBER, BRUCE STREET ADDRESS COTY-ST-ZPP TAMARAC FL STREET ADDRESS COTY-ST-ZPP TAMARAC FL STREET ADDRESS COTY-ST-ZPP TITLE V AMAE ROOKS, BEVERLY STREET ADDRESS COTY-ST-ZPP TITLE NAME STREET ADDRESS STREET ADDRES				DELETE						
STREET ADDRESS CITY-ST-ZIP TITLE PD D DELETE SCHREIBER, BRUCE SCHREIBER, BRUCE SCHREIBER, BRUCE STREET ADDRESS CITY-ST-ZIP TITLE V NAME ROCKS, BEVERLY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										
TAMARAC FL					1.3 STREET	ADDRESS				
TITLE PD Change   Addition   NAME. SCHREIBER, BRUCE   22 MAME   23 STREET ADDRESS   CITY-ST-ZIP TAMARAC FL   24 CITY-ST-ZIP   NAME ROOKS, BEVERLY   32 NAME   32 NAME   STREET ADDRESS   34 CITY-ST-ZIP   TITLE   DELETE   41 TITLE   Change   Addition   NAME NAME   A2 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   41 TITLE   NAME   A3 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   51 TITLE   NAME   A4 STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   51 TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   TITLE   DELETE   51 TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   61 TITLE   NAME   STREET ADDRESS				l.						
NAME   SCHREIBER, BRUCE   8400 N. UNIVERSITY DR.   2.3 STREET ADDRESS   CITY-ST-ZIP   TAMARAC FL   DELETE   3.1 TITLE   DELETE   3.2 NAME   Addition   NAME   NOKS, BEVERLY   SAVO NORTH UNIVERSITY DRIVE   3.3 STREET ADDRESS   TAMARAC FL   DELETE   4.1 TITLE   DAME   Addition   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   5.1 TITLE   DELETE   5.3 STREET ADDRESS   CITY-ST-ZIP   DELETE   Change   Addition   Addition   AMARE   STREET ADDRESS   CITY-ST-ZIP   DELETE   6.1 TITLE   DELETE   Change   Addition   Addition   AMARE   STREET ADDRESS   CITY-ST-ZIP   DELETE   Change   Addition   AMARE   STREET ADDRESS   CITY-ST-ZIP   DELETE   6.1 TITLE   DELETE   Change   Addition   AMARE   STREET ADDRESS   CITY-ST-ZIP   DELETE   Change   Addition   AMARE   CANAME   CANAM				DELETE					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE V NAME ROOKS, BEVERLY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP TITLE NAME S1 STREET ADDRESS CITY-ST-ZIP TITLE NAME S1 STREET ADDRESS CITY-ST-ZIP TITLE S2 NAME S1 STREET ADDRESS CITY-ST-ZIP TITLE S3 STREET ADDRESS CITY-ST-ZIP S1 TITLE S1 TI	NAME.				2.2 NAME					
TAMARAC FL					2.3 STREET	ADDRESS			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TAMARAC FL  DELETE  1.1 ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  1.2 NAME  1.3 STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  DELETE  1.1 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS	CITY-ST-ZIP	1 - "		-	2. 4 CITY-S	T-ZIP				
STREET ADDRESS   S400 NORTH UNIVERSITY DRIVE   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	TITLE	ν		DELETE	3.1 TITLE	,			Change	☐ Addition
TAMARAC FL	NAME				3.2 NAME					
TITLE	STREET ADDRESS	8400 NORTH UNIVERSITY D	rive		3.3 STREET	ADDRESS				
NAME	CITY-ST-ZIP	TAMARAC FL		25.555		T-ZIP			E1 Change	[ Addition
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP     TITLE	TITLE			DELETE		1			_] change	Addition
Addition	NAME									
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         52 NAME	STREET ADDRESS					-				
NAME				DELETE		-ZIP			Change	
STREET ADDRESS	)			DELETE		ļ				
STREET ADDRESS	}					ADDRESS				
DELETE						-				
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS				DELETE					Change	Addition
STREET ADDRESS 6.3 STREET ADDRESS										
STREET AUURESS						ADDRESS				
CITY-ST-ZIP 6.4 CITY-ST-ZIP		}			6.4 CITY-ST	r-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 around 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 by 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 charged, or on an attactment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034 (11/98)