## 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

## Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90068 033 \*\*\*150.00

- 1 1860 SKIRAR IKKO ISIOK KOLAD IKING KINA DISIA SKOK BISAK BISAK BISAK BISAK BISAK BISAK BISAK BISAK BISAK B

**FILED** 

DOC	UMI	ENT	#	V39	832

1. Corporation Name

1,000 BISCAYNE, INC.

	•					_		
Principal Place	e of Business	Mailing Address	_					, 9,914 91911 (99)
3900 GALT OCEAN DRIVE APARTMENT 906 FORT LAUDERDALE FL 33308						DO NOT WRITE IN THIS SPACE		
,						3. Date Incorporated or Qualifed 05/29/1992	_	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21 26						65-0341475	N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired		Additional	
22 27		27				5. Certificate of Status Desired	Fee F	Required
		City & State	& State			6. Election Campaign Financing	\$5.00	May Be
23 28		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip ·	Cou	ntry		8. This corporation owes the current		_ ]
24	25	29	30			Personal Property Tax.	Ves	_ □No _
	9. Name and Address of Current	Registered Agent		<u> </u>		10. Name and Address of New Regi	stered Agent	
	HOLL CARA			81	Name			
	MON, SARA			82	Street Addres	ss (P.O. Box Number is Not Acceptable)	<del></del> _	
	GALT OCEAN DRIVE					<u>, , , , , , , , , , , , , , , , , , , </u>		
	RTMENT 906			83				
FUR	T LAUDERDALE FL 33308			84	City		9g 7in	Code
					•		<b>FL</b>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-	named corpor	ration submits this statement for the purp	pose of changing it	ts registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was a	utnorized	Dy tr	ne corporation	n's board of directors. I hereby accept th	e appointment as i	agistered
		10115 01. 3664011 007.0303. 1 10	nua Stat	utes.				
J	Mr Iaininai Will, and doopt the obligati	ions of, section our todos, rio	nua Stat	Jies.				
SIGNATURE	Signature, typed or printed name of registered agent				signature required v		DATE	
J		and title if applicable. (NOTE			signature required v	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered	Agent s	signature required v			
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM	and title if applicable. (NOTE D DIRECTORS DELETE	: Registered	Agent s	signature required v	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90	and title if applicable. (NOTE D DIRECTORS DELETE	13.	Agent s	signature required v	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 Ti 1.2 N 1.3 Si	Agent s	ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	e
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90	and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 Ti 1.2 N 1.3 Si	Agent s TLE WE REET A	ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	e
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci	Agent s TLE WME REET A TY-ST-	ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	e
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 Ti 1.2 N/ 1.3 ST 1.4 Cl 2.1 Ti 2.2 N/	Agent s TLE WE TY-ST-	ADDRESS	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	e
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST	Agent s TLE WE TY-ST-	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST	Agent s TLE TREET A TY-ST- TLE TREET A	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 ST 1.4 Ci 2.1 Ti 2.2 Ni 2.3 ST 2.4 Ci	Agent s TLE WE REET A TY-ST- TLE WE TREET A TTY-ST-	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si 2.4 Ci 3.1 Ti 3.2 N	Agent s  TLE  AME  TY-ST-  TLE  AME  TREET A  TTY-ST-  TLE	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 ST 1.4 CI 2.1 TI 2.2 Ni 2.3 ST 2.4 CC 3.1 TI 3.2 Ni 3.3 ST	Agent s  TLE  AME  TY-ST-  TLE  AME  TREET A  TTY-ST-  TLE	ADDRESS ZIP  ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT Change	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 ST 1.4 CI 2.1 TI 2.2 Ni 2.3 ST 2.4 CC 3.1 TI 3.2 Ni 3.3 ST	Agent s  TLE  REET A  TY-ST-ILE  TY-ST-ILE  TY-ST-ILE  TY-ST-ILE  TY-ST-ILE  TY-ST-ILE  TY-ST-ILE  TY-ST-ILE	ADDRESS ZIP  ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 Ni 1.3 ST 1.4 CI 2.1 TI 2.2 Ni 2.3 ST 2.4 CI 3.1 TI 3.2 Ni 3.3 ST 3.4 CI	Agent s  TLE  REET A  TY-ST-  TLE  THE  THE  THE  THE  THE  THE  THE	ADDRESS ZIP  ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 N 1.3 ST 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N	Agent s  TLE  ME  REET A  TY-ST-  TLE  MME  REET A  TY-ST-  TLE  AME  AME	ADDRESS ZIP  ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICE	Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 N 1.3 ST 1.4 Ci 2.1 Ti 2.2 N 2.3 ST 2.4 C 3.1 Ti 3.2 N 3.3 ST 3.4 C 4.1 Ti 4.2 N 4.3 ST	Agent s  TLE  ME  REET A  TY-ST-  TLE  MME  REET A  TY-ST-  TLE  AME  AME	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change	Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  NAME  NAME  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 N 1.3 ST 1.4 Ci 2.1 Ti 2.2 N 2.3 ST 2.4 C 3.1 Ti 3.2 N 3.3 ST 3.4 C 4.1 Ti 4.2 N 4.3 ST	Agent s  REET A  TY-ST-  TILE  MME  REET A  TY-ST-  TLE  AME  TREET A  TREET A  TREET A  TY-ST-	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change	Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	Signature, typed or printed name of registered agent OFFICERS AND P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 No 1.3 ST 1.4 Ci 2.1 Ti 2.2 No 2.3 ST 2.4 Ci 3.1 Ti 3.2 No 3.3 ST 3.4 Ci 4.1 Ti 4.2 No 4.3 ST 4.4 Ci 4.4 C	Agent s  REET A  REET A	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change	Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P ATZMON, ABRAHAM 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL S ATZMON, SARA 3900 GALT OCEAN DR, APT 90 FT LAUDERDALE FL	D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	13. 1.1 Ti 1.2 N 1.3 ST 1.4 Ci 2.1 Ti 2.2 N 2.3 S' 2.4 C 3.1 Ti 3.2 N 3.3 S' 3.4 C 4.1 Ti 4. 2 N 4.3 S' 4.4 C 5.1 Ti 5.2 N	Agent s  LE  REET A  TY-ST- ILE  MME  REET A  TY-ST- ILE  AME  REET A  TY-ST- ILE  AME  REET A  TY-ST- ILE	ADDRESS ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICE	Change	Addition  Addition  Addition

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 at thatee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block .13 if chapted, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TANTA HER

TITLE

NAME

STREET ADDRESS

☐ DELETE

☐ Change

☐ Addition

\_CR2E034:(11/98)