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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90014 018 ***150.00

1. Corporatio	MENT # K70455 OPERTIES, INC.						
Principal Plac	e of Business	Mailing Address				14011 #4015 B1051 B	1911 01011 1901
C/O ROBERT M. ARLEN C/O ROBERT M. ARLEN							
1501 CORPORATE DR., STE. 200 1501 CORPORATE DR., STE. 200							
BOYNTON BEA	NCH FL 33426	BOYNTON BEACH FL 33426	5		DO NOT WRITE IN THIS	SPACE	· · · · · · · · · · · · · · · · · · ·
				······································	3. Date Incorporated or Qualifed 03/06/1989		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		olied For	
21	#	26			65-0117033	 	Applicable
Suite, Apt. #, etc. St. 27			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 .A Fee Rec	
City & State		City & State			6. Election Campaign Financing Solution		
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.		⊠ No
	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New Registered	Agent	
ADI	EN DODEDT M. ATTODNEY AT I	Alal	81	Name	•		
ARLEN, ROBERT M., ATTORNEY AT LAW			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1501 CORPORATE DRIVE SUITE 200					्रा क्षेत्राहरू वरहा हराव व क्षा का माह	te, Step, No. 1 . T.	in medicinal
	'NTON BEACH FL 33426		83				
50.	WON BEACH 1 E GOVEO		84	City		85 Zip C	ode
2000					FL	<u>. </u>	•
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of the familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida, Such change was au ions of Section 607.0505, Flori	s, the above thorized by	e-named corp the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoir	changing its i ntment as reg	registered jistered
		0110 01, 0000011 001.0000, 1.1011	ua Statutes	i.			İ
SIGNATURE						·	
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager		ad when reinstating) *, DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: I	Registered Ager		ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ager		ad when reinstating) *, DATE		
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DP SUGARMAN, RUBIN	and title if applicable. (NOTE: I	Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND OP SUGARMAN, RUBIN 4780 EXETER ESTATE LANE	and title if applicable. (NOTE: I	13. 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
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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 organ attachment with an address, with all other like empowered.

SIGNATURE X