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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000038312
t. Corporation Name	. 00000000

FILED Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90161 039 ***150.00

LANDLU	BBERS, INC.									
Principal Place	o of Business	Mailing Address				─	DI 110 IDIBI FUAL DAKE D	OHI BURH OFFICE	IJIJA IIII II III	
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5692 PURDY LANE W. PALM BEACH FL 33415 W. PALM BEACH FL 33415 W. PALM BEACH FL 33415								· • • • • • • • • • • • • • • • • • • •		
W. FALM DEAC	ATTE 33417	W. I ALW DERON	12 00413				DO NOT WR		SPACE	
						3. Date Incorp	orated or Qualifed			
						04/27/19	198			
2. Principal P	lace of Business	2a. Mailing Addre	ess			4 FEI Numbe	r . I	٠ هـ ١	A	pplied For
2715692	PURDY LN	26	SAM	UE		65	-08297	60	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,		-		E Cortifonto o	f Status Desired			Additional
22		27				5. Certificate o	Juanus Desired		Fee R	equired
City & Stat		City & State				6. Election Ca	mpaign Financing		\$5.00	May Be
23 WEST	PALM BEACH FL	28					Contribution			to Fees
Zip 334	Country	Zip	c	country		8. This corpora	ation owes the cur	rent year inta		
24 334		29	30				roperty Tax.		Yes	□No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	nt Registered Agent				10. Name and	Address of New	Registered /	Agent	
	BOWOW ATT			81	Name			ر + رئين		
	ROWSKI, STEVE			82	Street Ad	Idress (P.O. Box Nun	nber is Not Accept	able)	* 18	
	PURDY LANE							- 	<u>, ,</u>	
W. F	PALM BEACH FL 33415			83						
				84	City				85 Zip	Code
				• •	Oity			FL		
11. Pursuant	to the provisions of Sections 607.05	22 and 607.1508, Florid	da Statutes, the	above	-named co	rporation submits thi	s statement for the	purpose of pt the appoin	changing its itment as re	registered egistered
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 edistered agent, or both, in the State on recolling with one accept the doubt	ofrawoll					s statement for the lors. I hereby acce	purpose of pt the appoin	changing its	registered egistered
SIGNATURE	Signature, typed or printed name of registered age	ent avoittle if applicable.	(NOTE: Registe	ered Agen		uired when reinstating)		DATE	4	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AT	ant archite if applicable. DD DIRECTORS	(NOTE: Registe			uired when reinstating)	s statement for the lors. I hereby acce	DATE	4	
SIGNATURE 12. TITLE	Signature, types of mitted name of registered age OFFICERS At	ant archite if applicable. DD DIRECTORS	(NOTE: Registe	ared Agen 3. 1 TITLE		uired when reinstating)		DATE	D DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, Sypol of Minted name of registered age OFFICERS AND BOBROWSKI, STEVE	ant archite if applicable. DD DIRECTORS	(NOTE: Registe 1.1 ELETE 1.1	i 3. 1 TITLE 2 NAME	t signature requ	uired when reinstating)		DATE	D DIRECTO	ORS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, Sypol of Minted name of registered age OFFICERS AND BOBROWSKI, STEVE	ant politie if applicable. ND DIRECTORS	(NOTE: Registe 1 ELETE 1. 1. 1. 1.4	ared Agen 3. TITLE NAME STREET CITY-ST	t signature requ	uired when reinstating)		DATE	D DIRECTO	ORS 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 empoyered 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 man attachment with an address, with all other like empowered.

SIGNATURE;