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PROFIT - CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

Principal Place 6929 NW 46TH MIAMI FL 33166	ST	Ma 698	ailing Address 29 NW 46TH ST AMI FL 33166				DO NOT WRITE IN THIS S		
								-AGE	
							3. Date Incorporated or Qualifed		
							10/19/1998		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	→	plied For
21		26	_				65-089 8306		t Applicable
<u>├</u> ─, ⁻			Suite, Apt. #, etc.	etc.			5. Certifcate of Status Desired	\$8.75 A	
City 9 State		[27]	City & State	-			6. Election Campaign Financing		·
23 City & State			City di Ciale				Trust Fund Contribution	\$5.00 Added t	
23 Zip	Country	[28]	Zip	Cou	intrv		This corporation owes the current year Intantal		
·	25	29	- P	30	,,] Yes	⊠No
24	9. Name and Address of Cu		torod Agent	[30]	Τ-		10. Name and Address of New Registered Ag		
	5. Name and Address of Co	ineiit vegis	tered Agent	,	81	Name	(0)	<u></u>	
	SHOFSKY, MARTIN E				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
6929 NW 46TH ST MIAMI FL 33166				83		· · · · · · · · · · · · · · · · · · ·			
	,				84	City		85 Zip (Code
					1	_	FL		
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the ol	tate of Florid	ia. Such change was .	authorized	d by	the corporatio	oration submits this statement for the purpose of chairs board of directors. I hereby accept the appoint	anging its nent as re	registered gistered
SIGNATURE	Signature, typed or printed name of registere	d agent and title	f applicable. (NOT	E: Registered	1 Agen	t signature required	when reinstating) DATE		\
12.	<u> </u>	S AND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	D					·			
NAME !	_		☐ DELETE	1.1 TI	ΠLE			Change	☐ Addition
	i washofsky, martin e		☐ DELETE	1.1 TI 1.2 NJ				Change	
STREET ADDRESS	Washofsky, martin e 6929 NW 46TH ST		☐ DELETE	1.2 N	AME	ADDRESS		Change	
STREET ADDRESS	6929 NW 46TH ST		☐ DELETE	1.2 N/ 1.3 ST	ame Treet] Change	
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	1.2 N/ 1.3 ST	AME TREET TTY-\$1			Change	
CITY-ST-ZIP TITLE	6929 NW 46TH ST		_	1.2 N/ 1.3 ST 1.4 CI	AME TREET TY-\$1			- v	Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	6929 NW 46TH ST MIAMI FL 33166		☐ DELETE	1.2 NJ 1.3 ST 1.4 CI 2.1 TI 2.2 NJ 2.3 ST 2.4 C	AME TREET TLE AME TREET CITY-S	T-ZIP TADDRESS] Change	☐ Addition
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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 507. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-59

599-6140