**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L65189**

<ol> <li>Corporation</li> </ol>	n Name							
MICHAEL				r roomson die Griek biede naak naid jest di	ian aran man al	641 81811 81811 1881		
	•				j			
Principal Place of Business Mailing Address						\$ 1081(01) BIO BIOD BION (1881 1810 191) B	<b>i s</b> i	010 <b>-</b> 0104 0104 1004
4623 FORREST HILL BLVD. 4623 FORREST HILL BLVD.				•				
SUITE 105 WEST PALM BEACH FL 33415 SUITE 105 WEST PALM BEACH FL 33415 SUITE 105 WEST PALM BEACH FL 33415						DO NOT WRITE IN THIS SPACE		
US US				•		3. Date Incorporated or Qualifed		
						04/11/1990	_	
Principal Place of Business     2a. Mailing Address						4. FEI Number	Applied For	
26						65-0187074 Not App		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired 5. Sequence		
22		27				Las Vedavan		
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
23		28						
Zip	Country Zip		Country			This corporation owes the current year Intangible Personal Property Tax.		
24	25 29 30		30			Personal Property Tax. Yes LJNo  10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent	8	I Name		10, Name and Address of New Registe	reu Ayent	
ΙΔΝΙ	DMAN, MICHAEL		ا ا					
4623 FORREST HILL BLVD.			82 Str		\ddres	s (P.O. Box Number is Not Acceptable)		
SUITE 105			8:	2				
WEST PALM BEACH FL 33415			18.	<b>^</b>				
***	T T T Z III DE TOTT E GO T TO		84 City				FL 85 Zip Code	
	(0.000,000	2	the observed	1		<u>-</u>		its registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	nonzea d'	y tne corpo	ration	ation submits this statement for the purpos is board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				tered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			7000 IV 40	
12.			13.	<del></del>		ADDITIONS/CHANGES TO OFFICERS	S AND DIREC	
TITLE	DPV	☐ OELETE	1.1 TITLE				Ondo	, , , , , ,
NAME	LANDMAN, MICHAEL ALLEN		1.2 NAME	- 1				
STREET ADDRESS	19232 REDBERRY COURT		1	ET ADDRESS				Į.
CITY-ST-ZIP	BOCA RATON FL	☐ DELETE	1.4 C/TY-	ST-ZIP			☐ Chan	ge Addition
TITLE	TS	☐ DETE15	2.1 TITLE					g,
NAME	Patotoni, morace receiv		1	2.2 NAME 2.3 STREET ADDRESS				ļ
STREET ADDRESS	19232 REDBERRY COURT		2.3 STRE			<del></del>	محضون	المحسنتحسنهن
CITY-ST-ZIP	-BOCA-RATON FL	☐ DELETE	3.1 TITLE	SI-ZIP			☐ Chan	ge Addition
TITLE		ال محدداد	3.1 MAME			• •		
NAME	•			i				ĺ
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	3.4. CHY-	31-2IP			Chan	ge
TITLE		C) percie	4.1 INCC	. [				
NAME DEPENDENCE				ET ADDRESS				
STREET ADDRESS		•				•		ļ
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE	31141			Chan	ge Addition
	·		5.2 NAME					
NAME STREET APPROACE				ET ADDRESS		•		ĺ
STREET ADDRESS			5.4 CITY-				•	}
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				☐ Chan	ge Addition
NAME	•		6.2 NAME					
	İ			ETADDRESS				1

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 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90031 043 \*\*\*150.00