FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90109 026 \*\*\*150.00

## 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** 

i. Corporation	MENT # 535530 									
Principal Place	e of Business	Mail	ing Address				- UNDERT BEIND FILGE BUTAR BAIND TIEIL ON	II Aldıs astsı Ainii A		11 <b>0</b> 2041 1001
36 N.E. FIRST	STREET 3. SUITE 501-507	36 N Seye	36 N.E. FIRST STREET SEYBOLD BLDG., SUITE 501-507 MIAMI FL 33122				DO NOT WRITE II	N.THIS SPACE		
mount (C 99194							3. Date Incorporated or Qualifed 05/18/1977			
2. Principal Pi	lace of Business	2a. 1	Mailing Address				4. FEI Number 59-1748946			ied For Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>'5</b> Ad e Req	lditional uired
City & State	е	28	City & State				6. Election Campaign Financing Trust Fund Contribution	1 , '		fay Be Fees
Zip 24	Country 25		Zip	Countr	у		This corporation owes the current y     Personal Property Tax.	/ear Intangible ☐ Yes	C	ĭNo
24	9, Name and Address of Curro		red Agent	1			10. Name and Address of New Regis	stered Agent		
	ZKY, JOSEPH	one mognetic		8.		Name Street Addre	ss (P.O. Box Number is Not Acceptable)			
36 N.E. FIRST STREET SUITE 501-507			8:	3						
MIAN	MI FL 33132			84	4	City		FL 85	Zip Co	ode
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida gations of, \$	. Such change was a Section 607.0505, Flo	uthorized by rida Statute	yth s.	named corporation  signature required	ration submits this statement for the purp 's board of directors. I hereby accept the	oose of changing appointment a	j its regi	egistered stered
	Signature, typed or printed name of registered a		<u> </u>	13.	erit S	Signature required	ADDITIONS/CHANGES TO OFFICE		CTOF	S IN 12
12.	PD OFFICERS A	NO DIREC	DELETE	1.1 TITLE	:		ADDITIONS/CHANGES TO CITICE	☐ Chai		Addition
TITLE	ROSNER, LEO		_ Occove	1.2 NAME				_	•	_
NAME STREET ADDRESS	1320 N.E. 173RD STREET			1.3 STRE	ETA					
CiTY-ST-ZIP	N MIAMI BCH FL		☐ DELETE	1.4 CITY-		ZIP				Addition
TITLE	STD		□ DELETE	2.1 TITLE					.5-	
NAME	LISITZKY, JOSEPH			2.2 NAME				st.		
STREET ADORESS	1361 N.E. 172ND STREET			2.3 STRE						,
CITY-ST-ZIP	N MIAMI BCH FL		☐ DELETE	2. 4 CITY- 3.1 TITLE		-ZIP		Cha	nge	[ Addition ]
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NAME CTREET APPROPRIE				3.3 STRE		NORESS				
STREET ADDRESS	-			3.4. CITY-						
CITY-ST-ZIP TITLE			☐ DELETE	4.1 TITLE		ZIF		☐ Cha	nge	Addition
NAME				4, 2 NAM						
STREET ADDRESS	. , ,			4.3 STRE		ADDRESS				
CITY-ST-ZIP				4.4 CITY-			•			
TITLE	<del></del>		☐ DELETE	5.1 TITLE				☐ Cha	nge	Addition
NAME	. ·			5.2 NAME						
STREET ADDRESS	` .			5.3 STRE	ETA	ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST-Z	ZIP				
TITLE		•	☐ DELETE	6.1 TITLE	=			☐ Cha	nge	Addition
NAME				6.2 NAME	E					
STREET ANDRESS	· ·			6.3 STRE	ETA	ADDRESS				

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 of 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

CITY-ST-ZIP