## 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

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90020 027 \*\*\*150.00

DOCUN  1. Corporation  ACUDER								
Principal P ace	of Business	Mailing Address			1 HOUSEL HOUSE HOLE GOVERNMENT TO BE	en eine minn	i Alāli alalı alalı	81 811 81 811 1881
5370 N.W. 35TH TERRACE 5370 N.W. 35TH TERRACE								
FT LAUDERDAL		FT LAUDERDALE FL 33309		DO NOT WOU	TE INLEGAL I	IC COACE		
					JO NOT WRIT	E IN 17 I	IS SPACE	
					11/16/1982			
2 Dringing Di	ace of Business	2a. Mailing Address			4. FEI Number		T At	pplied For
21		26		59-2232602		<u> </u>	of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
22		27		5. Certificate of Status Desired		Fee Re	equired	
City & State		City & State		6. Election Campaign Financing		\$5.00	1/lay Be	
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Countr	y	8. This corporation owes the curre	ent year l		
24	25		30		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent	8.	Name	10. Name and Address of New R	egistere	u Agent	
HOR	LAND, JAMES A.		°	IValle				
290 N.W. 165TH STREET			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	TH MIAMI FL 33069			<del>,  </del> -				
****				ή			,_	
			84	City		F	85 Zip	Code
11 Durouget t	o the provisions of Syctions 607 050"	and 607 1508. Florida Statute	s the abov	e-named con	poration submits this statement for the	purpose :	of changing its	s registered
agent. I ar	n familiar with, and a cept the obligat	ons of, Section 607.0505, Flori and title if applicable (NOTE:	da Statute Registered Ag	s. 	ion's board of directors. I hereby accepted when reinstating)  ADDITIONS/CHANGES TO OF	DATE		
12.	PD OFFICERS ANI	D DIRECTORS 13.		<del></del>	ADDITIONS/CHANGES TO OT	TOLINO !	Change	Addition
	YEH, CHARLES R		1.2 NAME					
NAME STREET ADDRESS	5370 N.W. 35TH TERRACE		1.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE. FL 00000		1.4 CITY-					
TITLE	ST ST	☐ DELETE	2.1 TITLE				Change	Addition
NAME	YEH. E		2.2 NAME					
STREET ADDRESS	5370 N.W. 35TH TERRACE			T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			ST-ZIP				
TITLE	D	☐ DELETE 3.11					Change	☐ Addition
NAME	ROBIN, M		3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP	CHICAGO, IL 00000		3.4. CITY-			<del></del>		
TITLE	D	DELETE 4.11					Change	☐ Addition
NAME	EPSTEIN, J		4, 2 NAMI					
STREET ADDRESS	450 SUTTER ST			ET ADDRESS				
CITY-ST-ZIP	SAN FRANCISCO, CA 00000		4.4 CITY-				Change	Addition
TITLE	D	☐ DELETE	5.1 TITLE				L1 Change	
NAME	MCGUIRE, J		5.2 NAME 5.2 STDE	ŀ				
STREET ADDRESS	4251 MANUELA CT		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PALO ALTO CA		5.4 CITY-				[] Change	Addition
TITLE	D D		6.2 NAME					
NAME	HULDIN, D		B .	ET ADDRESS				
STREET ADDRESS	1801 E SAGINAW		64 CITY-					
CITY-ST-ZIP	LANSING MI		J - 5111-					

14. Herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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 it 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, and that my name address, with all other like empowered.

AGNAT JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR