FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 218024



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State 03-04-1999 90257 017 ***150.00

Principal Place	CORPORATION e of Business	Mailing Address						
1786 CHUCUNANTAH RD								
US US				DO NOT WRITE IN THIS SPACE				
					 Date Incorporated or Qualifed 12/10/1958 			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
21					59-6063490		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				_	5. Certificate of Status Desired	•	5 Additional	
22 27							Required	
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country Zip		Count	ry	8. This corporation owes the current ye	ar Intangible		
24	25 29 30		30	Personal Property Tax.		k .40		
	9. Name and Address of Currer	nt Registered Agent	8	1 Name	TU. Name and Address of New Regist	eian wägill		
BLUMENTHAL, DAVID M.								
10532 SW 114TH ST			8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)		
MIAMI FL 33176			8	3				
,,,,,,								
			8	4 City		FL 85 Zi	ip Code	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS At	ont and title if applicable. (NOTE	Registered Ac	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICEF			
TITLE	PD	☐ DELETE	1.1 TITLE			Chang	ge 🔲 Addition	
NAME	BLUMENTHAL, DAVID M.		1.2 NAMI	<u> </u>			į	
STREET ADDRESS	10532 SW 114TH ST 13		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP			1.4 CITY				- Claddion	
TITLE	D	☐ DELETE	2.1 TITLE			Chang	ge 🗍 Addition	
NAME	beometrine, ecciott, on		2.2 NAM	1				
STREET ADDRESS	Trot Grootelitori iii.			ET ADDRESS	1			
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE			Chang	ge 🗌 Addition	
TITLE	SD Blumenthal, Maurice	-					_	
NAME STREET ADDRESS	•			ET ADDRESS				
CITY-ST-ZIP			3.4. CITY	į				
TITLE			4.1 TITLE			Chang	ge 🔲 Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS			1	
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		<u>.</u>		
TITLE		☐ DELETE 5.1 TI		- 1	·.	Chang	ge 🗌 Addition	
NAME			5.2 NAM	1	•			
STREET ADDRESS				ET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY			FT AL		
TITLE		☐ DELETE	6.1 TITLE		•	Chang	ge 🗌 Addition	
NAME			6.2 NAM	í			!	
STREET ADDRESS			63 STRE	ET 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 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

305 446 9734