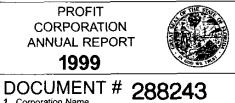
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90058 042 ***150.00

PAFOS (CORPORATION								
Principal Place	e of Business	Mailing Address	-		$\overline{}$		oe klik eksil ek	CKI BIBIL BIBIL BI	4) (4)4() (44)
•		2541 SW 102 DR				,			
2541 SW 102 DR 2541 SW 102 DR DAVIE FL 33324 DAVIE FL 33324									
US US						DO NOT WRIT	E IN THIS	SPACE	
					l l	Date Incorporated or Qualifed			Į.
Ĺ			_			12/23/1964			
2. Principal Pl	lace of Business	2a. Mailing Address	;			FEI Number			olied For
21		26	_			<u>59-1095524</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	C.		5.	Certifcate of Status Desired		\$8.75 A Fee Re	
22		27 Cit. 8 State	_						
City & State	le	City & State			1	Election Campaign Financing Trust Fund Contribution	Π .	\$5.00 Added to	*
23	Country	28 Zip		ountry		This corporation owes the curn	ent voor Inte		
Zip	<u> </u>	29	30	ound y	I	Personal Property Tax.	ont year inte		□No
24	9. Name and Address of Curre		30	Т		Name and Address of New R	egistered /	<u>-</u>	
	o. Hanne and Address of Carre		_	81 Name		+	-		
COH	IEN,DAVID		/e	20 04	4 d d /D	O. Day Mysshar is Not Asserts	hlo)		
-800	NE-182 TERR 2541	2M (0549 1	74142	82 Street A	Address (P.	O. Box Number is Not Accepte	ible)		ĺ
-N-M	NE-182 TERR 2541 NAMI-BEACH FL-33162 DA	VIE FL 333	24	83					
		•						T2	\
				84 City			FI	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508. Florida	Statutes, the	above-named of	corporation	submits this statement for the	purpose of	changing its	registered
office or re	registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change	was authoriz	ed by the corpo	ration's bo	ard of directors. I hereby accep	t the appoir	itment as reg	jistered
	and decopy the same	Janono 01, 0 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,0, , ,0,,00						
SIGNATURE				red Agent signature re	en nertw beniupe	einstating)	DATE		·
	Signature, typed or printed name of registered ac			red Agent signature re		instating)			RS IN 12
SIGNATURE	Signature, typed or printed name of registered ac	gent and title if applicable.	(NOTE: Register	red Agent signature re				D DIRECTO	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Register	red Agent signature re					RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A PD COHEN,DAVID	gent and title if applicable.	(NOTE: Register 13 ETE 1,1	red Agent signature re 3. TITLE					RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PD COHEN, DAVID	gent and title if applicable.	(NOTE: Register 13 ETE 1.1 1.2	red Agent signature re 3. TITLE NAME				Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A PD COHEN,DAVID 2541 SW 102 DR	gent and title if applicable.	(NOTE: Register 13 ETE 1.1 1.2 1.3 1.4	red Agent signature re 3. TITLE NAME STREET ADORESS					RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A PD COHEN, DAVID 2541 SW 102 DR DAVIE FL 33324	gent and title if applicable. AND DIRECTORS DELE	(NOTE: Register 12: 1.3 1.4 ETE 2.1	red Agent signature re 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered as OFFICERS A PD COHEN, DAVID 2541 SW 102 DR DAVIE FL 33324 VD COHEN, SYLVIA	gent and title if applicable. AND DIRECTORS DELE	(NOTE: Register 11: 12: 13: 14: 14: 17: 18: 18: 18: 18: 18: 18: 18: 18: 18: 18	ned Agent signature re 3. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE				Change	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered at OFFICERS A PD COHEN, DAVID 2541 SW 102 DR DAVIE FL 33324 VD COHEN, SYLVIA	gent and title if applicable. AND DIRECTORS DELE	(NOTE: Register 13 11 12 13 14 ETE 2.1 22 23 2.4	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS				Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered at OFFICERS A PD COHEN, DAVID 2541 SW 102 DR DAVIE FL 33324 VD COHEN, SYLVIA 2541 SW 102 DR DAVIE FL 33324	gent and title if applicable. AND DIRECTORS DELE	(NOTE: Register 13 11 12 13 14 14 17 12 23 24 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Agent signature re 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 CITY-ST-ZIP				Change	RS IN 12 Addition
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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 obsporation 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, of on an attachment with an oddress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: