Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90011 033 \*\*\*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** 

## DOCUMENT # 288314

1. Corporation Name

FLORIDA  Principal Place 5841 BISCAYNE	· 1	Mailing Address 5841 BISCAYNE BLVD	<u>.</u>				
MIAMI FL 33137 MIAMI FL 33137					DO NOT WRITE IN THIS SPACE		
•					3. Date Incorporated or Qualifed	11.0 01.1102	
	•				01/06/1965		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21		26			59-1061218	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	<del> </del>	City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year		
24	. 25 29		30		Personal Property Tax. Yes No  10. Name and Address of New Registered Agent		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent	———
0110	CLIANI IDIANIC		81	Name	•		
SUSSMAN, IRVING			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
5841 BISCAYNE BLVD MIAMI, FL			83	ļ <u> </u>			
3313	•		63				
0010			84	City		FL 85 Zip C	Code
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga- Signature, typed or printed name of registered age	mons of, Section 607.0505, Florida	a Statutes		rporation submits this statement for the purpostion's board of directors. I hereby accept the a	TE .	
12.	OFFICERS A	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	<del></del>	
TITLE	PD	DELETE 1.1 T			•	. Change	☐ Addition
NAME	SUSSMAN, IRVING	•	1.2 NAME	1			
STREET ADDRESS	5841 BISCAYNE BLVD 138		1.3 STREE	TADDRESS			}
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		1.4 CITY-S	T-ZIP	·		- Addition
TITLE			2.1 TITLE	}		☐ Change	Addition
NAME	SUSSMAN, SELIG		2.2 NAME	)			]
STREET ADDRESS	OOT! GIGG/TITE DETD			T ADDRESS			
CITY-ST-ZIP			2.4 CfTY-	ST-ZIP		☐ Change	Addition
TITLE	<b>VD</b> ,		3.1 TITLE 3.2 NAME				
NAME	SUSSMAN, MAURICE			* *******			
STREET ADDRESS			3.4, CITY-1	T ADDRESS			}
CITY-ST-ZIP			4.1 TITLE	31-4.15		Change	Addition
TITLE			4. 2 NAME			-	}
NAME STREET ADDRESS	-			T ADDRESS	•		İ
STREET ADDRESS			4.4 CITY-S				{
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	5.1 TITLE	, i - £3F		☐ Change	Addition
NAME		<del>-</del>	5.2 NAME			•	-
STREET ADDRESS			5.3 STREE	T ADDRESS		•	ļ
CITY-ST-ZIP			5.4 CITY-S		•		-
CHT-SI-ZIP		□ DELETE	6.1 TITLE			Change	☐ Addition

14. I hereby certify that the information supplied atth the 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 supplied at an unital 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 received 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 appears with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

TRE REQUIRED