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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 342273

BORUCH-DAVID INC.

FILED
Feb 10, 1999 8:00am
Secretary of State

DIL DD

02-10-1999 90035 030 ***150.00



Principal Place	e of Business	Mailing Address						•	
2100 N. ATLANTIC AVENUE 2100 N. ATLANTIC									
SUITE 608 COCOA BEACH FL 32931			031		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife				
US					02/28/1969				
O Date do et D	Jacob Puninger	2a. Mailing Address			4. FEI Number		Apr	olied For	مي .
2. Principal Place of Business								Applicable	7.
21	# 25	Suite, Apt. #, etc.			59-1406370 5. Certificate of Status Desired		\$8.75 A		
Suite, Apt. #, etc.		├ ─ ¬	├- ¬				Fee Rec		
City & Stat		City & State	City & State		6. Election Campaign Financin	<u> </u>	\$5.00	May Re	_
¬ ´		28		Trust Fund Contribution	y 🗆	Added to	- 1		
23 Zip	Country	Zip	Cou	ntry	8. This corporation owes the co	urrent year Int	tangible		
	25	29	30	•	Personal Property Tax.	•	Yes	□No	ı
24	9. Name and Address of Curren		001		10. Name and Address of Nev	v Registered	Agent		l
	5. Italie and Addiess of Gairs.			81 Name					l
BAU	IM, SEYMOUR				(D.O. Day Name to a Not See	ntoblo)	·	· -	l
	N. ATLANTIC AVENUE			82 Street Add	ress (P.O. Box Number is Not Acce	ptatile)			l
COCOA BEACH FL 32931				83		- 12 m. 187	4131 6.53.0	15 64 (41	t
								6.1 310H 1481	ł
		i		84 City	* * * * * * * * * * * * * * * * * * *	FL	* 85 Zip C	ode stress	l
<u> </u>	to the provisions of Sections 607.050	22 and CO7 1509 Etorido Statut	oc the al	hove-named corr	poration submits this statement for t	ne numose of	changing its	registered	l
∵ office or r	rogistored agent of both in the State	of Fiorida, Silch change was a	umonzeu	I DY IIIE COIDOIAU	on's board of directors. I hereby ac	cept the appoi	intment as reç	jistered	l
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	nda Stati	utes.					1
SIGNATURE		/NOTE	- Pagistered	Agent signature require	ed when reinstating) .	DATE			ء ا
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	Algorit digitation (addition	ADDITIONS/CHANGES TO	OFFICERS AN	ND DIRECTO	RS IN 12	ģ
TITLE	PD	☐ DELETE	1.1 10	TLE .	, * **;	,	Change .	☐ Addition	-
NAME	BAUM, SEYMOUR		1.2 NA	AME	*	•			3
	OLOG AL ATLANTIC AVENUE	•	1350	REET ADDRESS					Ì
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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 one attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR