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 # 343899

7200 CORP

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90018 021 ***150.00



Principal Place of Business Mailing Address								(198188 11111 BIRDS III BI 10118 1).g., g.s., s.s., s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2775 W. OKEECHOBEE RD. 2775 W. OKEECHOBEE RD.			D.				•				
HIALEAH FL 33010 HIALEAH FL 33010			AH FL 33010				DO NOT WRITE IN THIS SPACE				
	•						-	Date Incorporated or Qualifed		SPACE	
								04/02/1969			ļ
2. Principal Place of Business 2a. Mailing Address					w-			FEI Number		An	plied For
Z. Fillicipal F	lace of Dusiness	<u> </u>	26				1	59-1263902			t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				1.			\$8.75 /	
201101.1	., 0.0.	<u> </u>	127				5. (Certifcate of Status Desired		Fee Re	
City & Stat	e		City & State				6	Election Campaign Financing		\$5.00	May Be
23	•	28	<u> </u>				1	Trust Fund Contribution	. 🗆	Added t	- 1
Zip	Zip Country		Zip Count				8. This corporation owes the current year Intangible				
24	25		9 30					Personal Property Tax.		Yes	□No
	9. Name and Address of Cur	rent Registere	ed Agent				10.	Name and Address of New	Registered	Ágent	
		Cal			81	Name					
PRUSSIN, RUBIN				82	Street Add	et Address (P.O. Box Number is Not Acceptable)				-	
2775 W OKEECHOBEE RD				ou ou via				89	· · · · · · · · · · · · · · · · · · ·	s property sugar	and the lea
HIAL	EAH FL 33010		•		83						
			-		84	City		<u> </u>	2 2	85 Zip (Code
		30.5				•			F <u>L</u>	_ ' .	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obtains)502 and 607.1 ate of Florida. S ligations of, Se	1508, Florida Statu Such change was a ection 607.0505, Flo	ites, the a authorized orida Stat	bove by t utes.	named com the corporati	poration tion's boa	submits this statement for the ard of directors. I hereby acce	purpose of pt the appo	changing its ntment as re-	registered gistered
SIGNATURE									·		
	Signature, typed or printed name of registered				l Agent	signature require			DATE	ID DIDECTO	DO 191 42
12.		AND DIRECT	DELETE	13.	T1 F	 1	A	DDITIONS/CHANGES TO OF	FICERS A	Change	Addition
TITLE	PD .		- Occeie					4.		. 490	
NAME	Prussin,rubin 2775 W. Okeechobe Roai	n .		1.2 N		4000550					
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NAME	PRUSSIN, OTTILIE	AD .		2.2 N							ţ
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CITY-ST-ZIP	HIALEAH FL		☐ DELETE	2. 4 C	ΠΥ-S	T-ZIP				Change	Addition
TITLE	ST CHICPLIDG MUDDY									criange	
NAME	GINSBURG, MURRY	AD.		3.2 N				•			
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NAME	GINSBURG, MURRY	in yes	•	4.2 N		ADDRESS		,			•
STREET ADDRESS	*****	, ש	•			ADDRESS					
CITY-ST-ZIP	HIALEAH FL	•	☐ DELETE		ΠY-ST	- ZIP ,		1908		☐ Change	Addition
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NAME						ADDRESS		•			
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NAME	1:22	•				*DODECC /			•	•	-
STREET ADDRESS	J * · · * ·			6.35	IKEE	ADDRESS					

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 on 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 poner like empowered.

6.4 CITY-ST-ZIP