## 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

DOCUI 1. Corporation L.R.P., II												-	
Principal Place of Business Mailing Address								1007   01011 01000 1111 90100 7	131 <b>88</b> 31 <b>810</b> 1	#1814 B1811 #1 <b>4</b>	II OIOII USASI	(19)	
6301 BISCAYNE BLVD PO BOX 370647 #214 MIAMI FL 33138													
MIAMI FL 33138								DO NOT WRITE IN THIS SPACE					
	•						3.	. Date Incorporated or Qualifed					
0 D-11ID	the second Princip on	22	Mailing Address				1	12/31/1973 FEI Number			Applied Fo	)r	
2. Principal Place of Business			26				•	59-1583099			Not Applic		
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.				+-			<u></u>	Addition		
22			27				5.	. Certificate of Status Desired		Fee	Required		
City & State			City & State				6.	. Election Campaign Financing		\$5.0	<b>0</b> May Be	,	
23		28						Trust Fund Contribution		Adde	d to Fees		
Zip Country			Zip Country				8.	. This corporation owes the curi	ent year		П.,		
24	25	29		30				Personal Property Tax.		☑Yes	□No		
	9. Name and Address of Curren	t Regist	tered Agent		11	Name	10	. Name and Address of New I	kegistere	a Agent			
	JP S. BIRMELIN			6	"	Name							
6301 BISCAYNE BLVD #214				82			ess (	P.O. Box Number is Not Accept	able)			)	
MIAMI FL 33138													
e7112 11					33					·····			
	<i>:</i>			8	34	City			F	85 Zi	p Code		
office or r	to the provisions of Sections 607.050: registered agent, or both, in the State am familiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florid tions of,	a. Such change was au Section 607.0505, Flori	thorized to da Statute	es.	named corporation	nsb	loard of directors. I hereby acce	purpose of the app	or changing pointment as	registered	rea    -	
12.	OFFICERS AN			13.	gen.	aiginata roquiro		ADDITIONS/CHANGES TO OF		AND DIREC	TORS IN	12	
TITLE	VD	DELETE 1.17			E					☐ Chang	e 🗆 A	ddition	
NAME	BIRMELIN, ROBERT C	MELIN, ROBERT C 121			Ε								
STREET ADDRESS				1.3 STRI	EETA	ADORESS							
CITY-\$T-ZIP	for a second second second			1.4 CITY	- ST-								
TITLE	SD	· · · · · · · · · · · · · · · · · · ·			E					Chang	e ∏A	ddition	
NAME	BIRMELIN, REGINA C	•=			Ε								
STREET ADDRESS	6082 VISTA LINDA LANE			2.3 STR	EET #	ADDRESS							
CITY-ST-ZIP	BOCA RATON FL			2. 4 CIT	_	-ZIP				Chann		ddition	
TITLE	TD			3.1 TITL						☐ Chang	е ЦА	ddition	
NAME	BIRMELIN, ROBERT C JR			3.2 NAM	-								
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	BOCA RATON FL		☐ DELETÉ	3.4. CIT		-ZIP			<del></del>	☐ Chang	е ПА	ddition	
TITLE	PD PLUI ID C		- DECELLE	4.1 TITL									
NAME	BIRMELIN, PHILIP S					ADDRESS							
STREET ADDRESS CITY-ST-ZIP	6082 VISTA LINDA LANE BOCA RATON FL			4.4 CITY				6 × 5					
TITLE	DOUR RAIVITE	DELETE 51T				.=:				☐ Chang	e 🗆 A	ddition	
NAME				5.2 NAM									
STREET ADDRESS				5.3 STR	EET A	ADDRESS							
CITY-ST-ZIP				5.4 CITY	-ST-	ZIP _							
TITLE			☐ DELETE	6.1 TITL	E					Chang	e 🔲 A	ddition	
NAME				6.2 NAM	E								
STREET ANDRESS	i			63 STR	EET /	ADDRESS						- 1	

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS