## 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

## **FILED** Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90296 033 \*\*\*150.00

DOCUMENT	#	458328
Composition Name		

SOKOLOW & BOLLINGER, P.A., C.P.A.'S

Suite, Apt. #, etc.							
FT. LAUDERDALE FLORIDA 33308  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 07/22/1974  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1547422 Not Applied For Suite, Apt. #, etc. 59-1547422 Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees  Zip Country Zip Country Zip Solution S	Principal Place of Business	Mailing Address					
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 07/22/1974  2. Principal Place of Business 2a. Mailing Address 25					•		
3. Date Incorporated or Qualifed 07/22/1974  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Fill Number 3. Description of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Sections 607.0505, Florida Statutes.	FT. LAUDERDALE FLOHIDA 33308	FI. LAUDENDALE FLORIDA 3	3306	DO NOT WRITE IN THE	IS SPACE		
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 3. Certifcate of Status Desired 3. Ce							
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Suite, Apt. #, etc.	2 Principal Place of Rusiness	2a Mailing Address	<del></del>		Applied For		
Suite, Apt. #, etc.  Suite Required  Suite Requ	<b>⊢</b> .	— ·		59-1547422	Not Applicable		
City & State  City & State  28  City & State  28  City & State  28  City & State  28  Country  Registered Agent  80  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Value Address of Current Registered Agent  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		The second secon	•		
Zip Country Zip Country 8. This corporation owes the current year intangible Personal Property Tax. Yes No  9. Name and Address of Current Registered Agent  BOLLINGER, NANCY 4148 NW 12 TERRACE FT LAUD FL 33309  83  City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	City & State	City & State	···-	• 1	1		
9. Name and Address of Current Registered Agent  BOLLINGER, NANCY 4148 NW 12 TERRACE FT LAUD FL 33309  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			Country	8 This cornoration owes the current year	ntangible		
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	office or registered agent, or both, in the S	State of Florida. Such change was aut	nonzed by the corpora	ornoration submits this statement for the purpose	of changing its registered		
SIGNATURE (ADDE Designed Appel signature continue to principality) DATE	SIGNATURE			DATC			
Signature, typed or printed name or registered agent and use if applicable. (IVVIE. Registered Agent and use if applicable.)			•	diled when residuality)	AND DIRECTORS IN 12		
			<b>-</b>	ADDITIONS/CHANGES TO OFFICERS			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	istered Agent signature re	quired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	HANGES TO OFFICERS	AND DIRECTOR	
TITLE	<b>PD</b>	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	BOLLINGER, NANCY W.		1.2 NAME				
STREET ADDRESS	4148 NW 12 TERRACE		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 C/TY-ST-ZIP	<del>-</del>			
TITLE	<u> </u>	DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		`-	2.4 CITY-ST-ZIP	·• · · · · · · · · · · · · · · · · · ·			
TITLE	, , , ,	☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				Ì
CITY-ST-ZIP			3.4. CITY-ST-ZIP				□ A J J:::
TITLE	]	□ DELETE	4.1 TITLE	4		☐ Change	☐ Addition
NAME	<b>\</b>		4.2 NAME				Į.
STREET ADDRESS	,		4.3 STREET ADDRESS				ľ
CMY-ST-ZIP			4.4 CITY-ST-ZIP				
μμ΄τΕ	[	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				ļ
CITY-ST-ZIP		_	5.4 CITY-ST-ZIP			F10	
TITLE	1	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME .	,		6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				ļ
CITY-ST-ZIP			6.4 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.

SIGNATURE AND FED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR SIGNATURE:

3-24-99

954-772-4502

**■** strt-

CR2E034 (11/98)

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