

FILED
May 17, 1999 8:00 am
Secretary of State

[illegible]

SIGNATURE:

[illegible]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1976

4. FEI Number
59-1741252

Applied For
Not Applicable

5. Continuation of Existing Contract **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81	Name	DONALD R LEGAULT		
82	Street Address (P.O. Box Number is Not Acceptable)	120 E. OAKLAND PK BLVD, STE 105		
83				
84	City	FT LAUDERDALE	FL	85 Zip Code 33334

11. Pursuant to the provisions of Sections 607.02(2) 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.

SIGNATURE

Signature: _____

NOTE: Registered Agents sign date required when completing.

4.11.15

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PSTD
NAME	LEGAULT, DONALD	1.2 NAME	DONALD R. LEGAULT
STREET ADDRESS	217 SW 2ND STREET	1.3 STREET ADDRESS	120 E. OAKLAND PK BLVD, STE 105
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	FT LAUDERDALE, FL 33334
TITLE	D	2.1 TITLE	
NAME	MAGID, DIANE	2.2 NAME	
STREET ADDRESS	11025 N.W. 28TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	MAGID, PEARL	3.2 NAME	
STREET ADDRESS	2701 PINE ISLAND RD. NO.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(g), 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.

SIGNATURE:

APR 24/98 954-832-9536