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 # 511461

Corporation Name

1980 S. OCEAN DR. HALLANDALE FL 33009
2a. Mailing Address
Suite, Apt. #, etc.
27
27

Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90004 043 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Į.					08/31/1976			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-1693638		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	5 Additional	
22		27			<u> </u>		Required	
City & State		- City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	28	Country				ed to 1 des	
<u></u>	_ ′	├	_ `		This corporation owes the current year Int Personal Property Tax.	angible ∐Yes	□No	
24 25 29 30 30 9. Name and Address of Current Registered Agent			30	10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	Registered Agent	81	Name	10. Italie and Addiese of New Addieses			
WILK	OV,LAWRENCE		.	, tanio				
4510 FILLMORE ST.			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
HOLLYWOOD FL 33021			83					
			84	City		85	Zip Code	
1				0,	FL	. "		
SIGNATURE	n familiar with, and accept the obliga				red when reinstating) DATE			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Char	nge	
NAME	WILKOV, LAWRENCE		1.2 NAME					
STREET ADDRESS	4510 FILLMORE ST.		1.3 STREET	TADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-S	T-ZIP				
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Char	nge 🔲 Addition	
NAME	WILKOV, ELINOR		2.2 NAME					
STREET ADDRESS	4510 FILLMORE ST.		2.3 STREET	T ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY-S	:T- ZIP				
TITLE	_TS	DELETE	_ 3.1 TITLE		-	Chai	nge - 🗌 Addition	
NAME	ALMIRAL, JORGE		3.2 NAME					
STREET ADDRESS	10305 S.W. 26TH TERR.		3.3 STREET	(ADDRESS				
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Char	nge 🔲 Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	r-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Char	nge 🗌 Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				

64 CITY-ST-ZIP 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 recover 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Addition