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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90033 002 ***150.00

1. Corporation		# 533517 				. (2316) AHBA HUSS HIBI SHS((181) (231 BIS)	n 3180 Gláir Éith a	r a nt a lan 1881	
Principal Place of Business			Mailing Address			T I BREST BYER ELIAN SINDS ALVOS 11911 1881 AVE	II BIBII DIBII DIBII B	tant anatt talkt	
7161 NW 74TH	STREET		7161 NW 74TH STREE	Ŧ				•	
MEDLEY FL 33			MEDLEY FL 33166			DO NOT WRITE IN THE	IC CDACE		
						3. Date Incorporated or Qualifed	IS SPACE		
2. Principal P	lace of Direies		2a. Mailing Address		·	05/11/1977 4. FEI Number	T And	olied For	
	INCE OF DUSIN	355	26 Walling Address			59-1806850	<u> </u>	Applicable	17
Suite, Apt.	# etc		Suite, Apt, #, etc.	<u> </u>			\$8.75 A		7
22	,, 0.0.		27			5. Certificate of Status Desired	Fee Re		
City & State	e		City & State			6. Election Campaign Financing	\$5.00	May Be	
23			28			Trust Fund Contribution	Added to		
Zip		Country	Zip		untry	8. This corporation owes the current year to		_ 7	
24	[:	25	29	30	_	Personal Property Tax.		□No	
	9. Name	and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent		
805		10.1			81 Name				
	IG, CHARLE				82 Street A	Address (P.O. Box Number is Not Acceptable)			
	NW 74TH						11 1 2 2 4 4 5 1 8	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MED	DLEY FL 331	 			83				
					84 City	- 	85 Zip C	ode	
. , , , ,						F			
office or r	enistered and	ons of Sections 607.0502 nt, or both, in the State o h, and accept the obligati	if Florida. Such change w	as authorize	d by the corpor	corporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	of changing its pointment as reg	gistered	
		i, and doops are obligate	ons or, Section 607.0303,	Florida Sta	tutes.				
SIGNATURE					tutes.				
SIGNATURE		r printed name of registered agent	and title if applicable. (I	VOTE: Registere	tutes. d Agent signature re-	quired when reinstating); DATE	AND DIRECTO	RS IN 12	(80
SIGNATURE	Signature, typed of		and title if applicable. (I	NOTE: Registere	tutes. d Agent signature re	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	RS IN 12	11/08)
SIGNATURE 12. TITLE	Signature, typed o	r printed name of registered agent	and title if applicable. (I	NOTE: Registere 13.	d Agent signature re				(80/1/1/08)
SIGNATURE 12. TITLE NAME	P BREIG, CI	oprinted name of registered agent OFFICERS AND	and title if applicable. (I	13. 1.1 T	d Agent signature red	ADDITIONS/CHANGES TO OFFICERS A			÷
SIGNATURE 12. TITLE NAME STREET ADDRESS	P BREIG, CI 8789 WEN	or printed name of registered agent OFFICERS AND HARLES J IDY LANE S.	and title if applicable. (I	NOTE: Registere 13. 1.1 T 1.2 N 1.3 S	d Agent signature re-	ADDITIONS/CHANGES TO OFFICERS A			22E034:74:4/08)
SIGNATURE 12. HITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREIG, CI 8789 WEN BANYON	or printed name of registered agent OFFICERS AND HARLES J IDY LANE S.	and title if applicable. (I	13. 1.1 T 1.2 N 1.3 S 1.4 C	d Agent signature re- TITLE IAME STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A			÷
SIGNATURE 12. HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BREIG, CI 8789 WEN BANYON VT	OFFICERS AND OFFICERS AND HARLES J IDY LANE S. LAKES FL	and title if applicable. (I D DIRECTORS ☐ DELETE	13. E 1.1.T 1.2.N 1.3.S 1.4.0 E 2.1.T	d Agent signature re- TITLE IAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	☐ Addition	÷
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14. 1 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 truetce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-885-0667