FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90091 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOC	WENT	#	561	714

DOCU!	MENT # 561714										
U.S.CH											
Principal Place	e of Business	Ma	iling Address			·····	2 till Byfit firli fi Billat tearn imons er	Bit Mtd: Albit A	1941 BIBIT WID	II Araja bibii tabi	
2004 GRANT ST	TREET		4 GRANT STREET								
HOLLYWOOD F	L 33020	НО	LLYWOOD FL 33020				DO NOT WRI	TF IN THIS	SPACE		
							3. Date Incorporated or Qualifed				1
ł							03/10/1978				}
2 Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number			Applied For	1
21		26	·				59-1803080			Not Applicable]
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	1
22		27					5. Certificate of Status Scotton			Required	
City & State	•		City & State				6. Election Campaign Financing			O May Be	1
23		<u> 28 =</u>		~~~~	intry		Trust Fund Contribution			d to Fees	
Zip	Country	= =,-	Zip		intry	-	8. This corporation owes the cur Personal Property Tax.	eni year.ini	angibie. ☐ Yes	□No	
24	9. Name and Address of Curren	29	tered Accept	30	_		10. Name and Address of New	Registered			1
	9. Name and Address of Conten	ii ivogia	rei og vilgerit		81	Name					
ZIEFI	er, mayer					<u> </u>	(D.O. Davidson and Alex Accord	able)			-
1425	5 DIPLOMAT PARKWAY				82	Street Add	dress (P.O. Box Number is Not Accept	3016)]
HOL	LYWOOD FL 33019				83						
[0.,			85 Zij	o Code	-
}	,				84	City		FL	. ` `		1
11. Pursuant	to the provisions of Sections 607.050.	2 and 60	07.1508, Florida Sta	tules, the a	bove	named cor	poration submits this statement for the tion's board of directors. I hereby acce	purpose of	changing i	ts registered]
office or n	egistered agent, or both, in the State i in familiar with, and accept the obligat	ot Hioria	a. Such change was	aumonzei	J DY L	me corporat	IION & DOZIN OF CHECKITS, I HEFECY ACCE	brain abboi	110110111 03	regiateros -	[
		JUGIS UI,	Section 607.0505, f	Ionga Stat	utes.						1
SIGNATURE										<u>_</u>	_
SIGNATURE	Signature, typed or printed name of registered agent	n and bile if	Poplicable. (NC	TE: Registered			rad when reinstating)	DATE			(S)
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	n and bile if	repplicable. (NC	TE: Registered	Agent			DATE	ID DIRECT	TORS IN 12	11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AN	n and bile if	Poplicable. (NC	13.	Agent		rad when reinstating)	DATE		TORS IN 12	4 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen- OFFICERS AN PD ZIEFER, MAYER 1425 DEPLOMAT PKWY. HOLLYWOOD FL	nt and bile if	repplicable. (NC	13. 1.1 TO 1.3 S	TLE AME TREET	signature requir	rad when reinstating)	DATE	ID DIRECT	FORS IN 12 e Addition	CR2E034 (11/98)
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14. I hereby certify that the information supplied with this flips 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 of trustee employeed to exercise 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 attackness with an address which of the corporation of the corporation or the receiver of trustee employees.

GHING OFFICER OR DIRECTOR

SIGNATURE: