Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90018 029 \*\*\*150.00

## 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

Principal Place	OF CHINA, CRYSTAL & SIL	Mailing Address 5857 N UNIV DR	-10		
TAMARAC FL	33321	TAMARAC FL 33321		DO NOT WEITE IN T	HC CDACE
us		US		3. Date Incorporated or Qualifed 05/19/1978	115 SPACE
├ <b></b> -	Place of Business	2a. Mailing Address		4. FEI Number 59-1819643	Applied For Not Applicable
21		26		39 10 19043	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required_
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year	Intangible
24	25	29 36	0	Personal Property Tax.	Yes <b>∠</b> No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Register	ed Agent
GERSTMAN, HY 5857 NO UNIVERSITY DR TAMARAC FL 33321			81 Name 82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			84 City		85 Zip Code
agent. I a	Signate Affect of printed name of registered eger	ntend title if applicable (NOTE: Re	ogistered Agent signature redi	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap Lind when reinstating)  ADDITIONS/CHANGES TO OFFICERS	9 9
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	P CEDETAAN	33321 DELETE	1.1 TITLE		C] Gildings
NAME STREET ADDRESS	HERMAN GERSTMAN <del>- 3710 INVERRARY DRIV</del> E 951	60-WELDON CIRCLE	1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP		t. TAMARAC, FL.	1,4 CITY-ST-ZIP		
11TLE	ST	DELETE	2.1 TTLE		☐ Change ☐ Addition
NAME	RABINOWITZ, LINDA		2.2 NAME		
STREET ADDRESS	CTAC ANAL ACTUL OT		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL-SPRINGS FL		2. 4 CITY-ST-ZIP	and the second second	, ,
11ITL€		☐ DELETE	3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	. Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
IITLE		☐ DELETE	4.1 TITLE	•	☐ Change ☐ Addition
NAME			4. 2 NAME	•	
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS	1		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE				•	
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition

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 Justice 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.

6.4 CITY-ST-ZIP

SIGNATURE: