1999



Secretary of State **DIVISION OF CORPORATIONS** 

FILED Apr 16, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-16-1999 90040 029 \*\*\*150.00

Principal Place of Business 77 SOUTH FLORIDA WEST PLAM BEACH FL 33401 US  2. Principal Place of Business 2. Mailing Address 2. Mailing Address WEST PLAM BEACH FL 33401 US  3. Date Incorporated or Qualified 11/20/1978  4. FEI Number 3. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1978  4. FEI Number 3. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1978  4. FEI Number 3. Do NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1978  4. FEI Number 59-1977604  5. Cartificate of Status Desired   Not Applied Fe 59-1977604  5. Cartificate of Status Desired   St. 55, 00 May be Fee Required 7. South, Apl. #, etc. 7. South, Apl. #, etc. 7. South FLAGLER DRIVE 7. South PLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. SOUTH FLAGLER DRIVE 8. Street Address (P.O. Box Number is Not Acceptable) 7. South Flagles and P.O. South in the State of Florids. South of Acceptable of Greeces. I have been accepted to designed and minimer with, and accept the obligation of, Section Box, Florids Statutas, the above-named corporation's board of directors. I have been accepted to the section of Greeces (P.O. Box Number is Not Acceptable) 7. South Flagles Address (P.O. Box Number is Not Acceptable) 7. South Flagles Address (P.O. Box Number is Not Acceptable) 7. South Flagles
Principal Place of Business 77. SQUTH FLAGER LAKE WORTH FLORIDA WEST PLAM BEACH FL 33401 US  2. Principal Place of Business 2. Subject Apt. #, etc. 3. Jate Incorporated or Qualified 11/20/1978  4. Filt Number  5. Certificate of Status Desired 5. Sertificate of Status Desired 6. Election Campaign Financing 6. Status Desired 6. Election Campaign Financing 6. Status Desired 6. Sertificate of Status
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WEST PALM BEACH FL 33401 US  2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 11/20/1978 4. FEI Number Applied Fc 11/20/1978 4. FEI Number Applied Fc 11/20/1978 5. Conficate of Status Desired Fee Required Suite, Apt. #, etc. Suite,
US  2. Principal Place of Business 2. Applied For South 11/20/1978 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3
2 Principal Place of Business 2 Amalling Address 2 Fel Number 2 Sulte, Apt. #, etc. 2 Sulte, Apt. #, etc. 3 Sulte, Apt. #, etc. 2 City & State 2 City & State 2 City & State 2 City & State 2 Sulte, Apt. #, etc. 3 City & State 2 Sulte, Apt. #, etc. 3 City & State 2 Sulte, Apt. #, etc. 3 City & State 3 City & State 4 City & State 3 City & State 4 City & State 5 Election Campaign Financing 7 Trust Fund Contribution 7 Added to Fees 8 Added to Fees 8 Trust Fund Contribution 8 Added to Fees 8 Trust Fund Contribution 8 Added to Fees 8 Trust Fund Contribution 9 Name and Address of Current Registered Agent 8 Name 9 Name and Address of New Registered Agent 8 Street Address (P.O. Box Number is Not Acceptable) 8 Street Address (P.O. Box Number is Not Acceptable) 8 Street Address (P.O. Box Number is Not Acceptable) 8 Street Address (P.O. Box Number is Not Acceptable) 8 Street Address (P.O. Box Number is Not Acceptable) 9 Name and Address of New Registered Agent 9 Street Address (P.O. Box Number is Not Acceptable) 9 Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607.5508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of office or registered agent of 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 and the # application of the purpose of the Agent
2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 5. Surte, Apt. #, etc. 3. Surte, Apt. #, etc. 4. Surte, Apt. #, etc. 5. Certificate of Status Desired \$5.00 the Apt. #, etc. 4. Surte, Apt. #, etc. 5. Certificate of Status Desired \$5.00 the Apt. #, etc. 4. Surte, Apt. #, etc. 5. C
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scale   Status Desired   \$8.75 Addition, Fee Required   City & State   City & State   Status Desired   \$5.00 May be greatly added to Fees   Zip   Country   Zip   Country   Zip   Country   Status   City & State   Status Expenses   Trust Fund Contribution   Added to Fees   Zip   Country   Zip   Country   Zip   Country   Status   Trust Fund Contribution   Added to Fees   Zip   Zip   Zip   Country   Zip   Country   Status   Trust Fund Contribution   Added to Fees   Zip   Status   Zip   Country   Zip   Country   Status   Zip   Personal Property Tax.   Yes   YAZBEK, ALICE   Trust Fund Contribution   Added to Fees   Added to Fees   YAZBEK, ALICE   Trust Fund Contribution   Added to Fees   Added to Fees   YAZBEK, ALICE   Status   Status   Trust Fund Contribution   Added to Fees   YAZBEK, ALICE   Status   Status
22   27   5. Certificate of Status Desired   Fee Required   City & State   City
City & State    City & State
Zip   Country   Zip   Country   Sip   Country   Sip   Country   Sip   Country   Signalure, speed or printed name of registered agent and tibe if applicable.   Name of Address of New Pagistered Agent   Signalure, speed or printed name of registered agent and tibe if applicable.   Name   Name of Address of New Pagistered Agent   Signalure, speed or printed name of registered agent and tibe if applicable.   Name   Name of Address of New Registered Agent   Name
Zip Country Zip Country Zip Country Signature, typed or printed name of registered agent and time if applicables. (NOTE: Registered Agent Make X Street Address Strongers agent and time if applicables. (NOTE: Registered Agent Make X Street Address Strongers And Directors In 12. NAME YAZBEK, ALICE OFFICERS AND DIRECTORS IN 1.2 NAME YAZBEK, ALICE ALICE OFFICERS AND DIRECTORS IN 1.2 NAME YAZBEK, ALICE OFFICERS AND DIRECTORS IN 1.2 NAME YAZBEK, ALICE OFFICERS AND DIRECTORS IN 1.2 NAME YAZBEK, ALICE OFFICERS AND DIRECTORS IN 1.3 STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DIRECT DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP WEST PALM BEACH FL. DELETE STREET ADDRESS OTT. ST. ZIP Change AMEST PALM BEACH FL. DELETE ST. STREET ADDRESS OTT. ST. ZIP Change AMEST PALM BEACH FL. DELETE ST. STREET ADDRESS OTT. ST. ZIP Change AMEST PALM BEACH FL. DELETE ST. STREET ADDRESS OTT. ST. ZIP Change AMEST PALM BEACH FL. DELETE ST. STREET ADDRESS OTT. ST. ZIP Change AMEST PALM BEACH FL. DELETE ST. STREET ADDRESS OTT. ST. ZIP Change AMEST PALM BEACH FL. DELETE ST. STREET ADDRESS ST. ST. STREET ADDRESS ST. STREET ADDRESS ST. ST. ST. STREET ADDR
28
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  YAZBEK, ALICE 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  YAZBEK, ALICE 1001 FOREST HILL BLVD. WEST PALM BEACH FL  UNME  13. STREET ADDRESS CITY-ST-ZP  WEST PALM BEACH FL  UNME 22 NAME 23 STREET ADDRESS CITY-ST-ZP  WEST PALM BEACH FL  UNME 10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  City  FL  85 Zip Code  85 Zip Code  85 Zip Code  15 City  FL  85 Signature to the purpose of changing its registered agent agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFI
YAZBEK, ALICE 777 SOUTH FLAGLER DRIVE WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  PAMME YAZBEK, ALICE 1.2 OFFICERS AND DIRECTORS  STREET ADDRESS  CITY-ST-ZP  WEST_PALM BEACH_FL  DELETE  1.3 STREET ADDRESS  CITY-ST-ZP  WEST_PALM BEACH_FL  DELETE  1.4 CITY-ST-ZIP  TITLE  V YAZBEK, RAIF  1001 FOREST HILL BLVD. WEST_PALM BEACH_FL  DELETE  1.1 TITLE  Change AC
### PAZBEK, ALICE  TITILE  P YAZBEK, ALICE  TITILE  TITILE  TITILE  TITILE  TITILE  V WEST PALM BEACH FL  1001 FOREST HILL BLVD.  TITILE  V AMME  TAZBEK, RAIF  STREET ADDRESS  CITY-ST-ZIP  WEST PALM BEACH FL  TITILE  V WEST PALM BEACH FL  TITILE  TO Change  ACTIV-ST-ZIP  WEST PALM BEACH FL  TITILE  C Change  ACTIV-ST-ZIP  TITILE  C Change
### PALM BEACH FL 33401  ### City  ### Change  ### City  ### Change  ### City  ### Cit
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  ITITLE  P
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SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  P NAME  YAZBEK, ALICE  STREET ADDRESS  CITY-ST-ZIP  WEST_PALM BEACH_FL  TITLE  VAZBEK, RAIF  STREET ADDRESS  TITLE  VAZBEK, RAIF  STREET ADDRESS  TOO1 FOREST HILL BLVD.  DELETE  2.1 TITLE  VAZBEK, RAIF  STREET ADDRESS  CITY-ST-ZIP  WEST_PALM BEACH_FL  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  WEST_PALM BEACH_FL  DELETE  3.1 TITLE  Change  ACC  Chang
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NAME         YAZBEK, RAIF         22 NAME           STREET ADDRESS         1001 FOREST HILL BLVD.         2.3 STREET ADDRESS           CITY-ST-ZIP         WEST PALM BEACH FL         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Ac
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TITLE         DELETE         5.1 TITLE         Change         A region           NAME         52 NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         A region

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 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 cilanged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

CR2E034 (11/98)