FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT ' CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 601054

GERSON, PRESTON & COMPANY, P.A.

Principal Place of Business 666-71ST STREET 666-71ST STREET MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/02/1969 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-1262947 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zio Personal Property Tax. 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GERSON, GARY R. Street Address (P.O. Box Number is Not Acceptable) 666 71ST STREET MIAMI BEACH FL 85 Zip Code 84 City 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 registered 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 (NOTE: Registered Agent signature required when reinstating) , Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change □ DELETE 1.1 TITLE TITLE 1.2 NAME GERSON, GARY R. NAME 1.3 STREET ADDRESS 666-71ST STREET STREET ADDRESS 1.4 CITY-ST-ZIP MIAMI BEACH, FL 00000 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE 2.2 NAME PRESTON, RICHARD C. NAME 2.3 STREET ADDRESS 666-71ST STREET STREET ADDRESS 2. 4 CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME ROSEN, ALAN NAME 3.3 STREET ADORESS 666 71ST STREET STREET ADDRESS 3.4. CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP 7 ☐ Change ☐ Addition ☐ DELETE 41 TIYLE TITLE 4. 2 NAME NAME

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 of 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 changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZiP

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-868-3600

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90064 036 ***150.00

Daytime Phone #

Change

CR2E034 (11/98

Addition

Addition