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

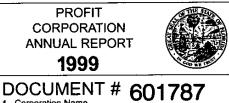
PROFIT CORPORATION ANNUAL REPORT

1999

KRUMHOLTZ & LUNSFORD, P.A.

BOCA RATON FL 33431

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90030 021 ***150.00

T ENDERN OSTER HATOS ELLES LONGO LARGE LARGE DERN AFRIK BIRKE AFRIK BERKE AFRIK BERKE AFRIK BURKE

• •					
Principal Place of Business Mailing Address			4 100 til Otti Oftibi tilli 1000 tilli 1000 billi otti billi otti billi otti billi		
7301A W PALMETTO PK RD STE 104C BOCA RATON FL 33433	7301A W PALMETTO PK RD STE 104C BOCA RATON FL 33433		DO NOT WRITE IN THIS SPACE		
U\$.	US		3. Date Incorporated or Qualifed 12/23/1969	•	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	26		59-1278064	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 .	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State .	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Countr 24 25	y Zip Coul	ntry	This corporation owes the current year I Personal Property Tax.	Intangible □ Yes □ No	
	ess of Current Registered Agent		10. Name and Address of New Registere	d Agent	
BROWN, JEFF M		81 Name 82 Street Addre	ss (P.O. Box Number is Not Acceptable)		
3785 N FFD HWY		1	•		

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.

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature rec	oured when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS	13.					
TITLE	PD DELET	TE 1.1 TITLE		☐ Change	☐ Addition		
NAME	KRUMHOLTZ, J.A.	1.2 NAME					
STREET ADDRESS	ZOOAA W DALAETTO DV DD 4040	1.3 STREET ADDRESS			!		
CITY-ST-ZIP	BOCA RATON FL	1,4 CITY-ST-ZIP		- 17			
TITLE	DV DELET	TE 2.1 TITLE		Change	☐ Addition		
NAME	LUNSFORD, J.L.	2.2 NAME					
STREET ADDRESS	7301A W PALMETTO PK RD, 104C	2.3 STREET ADDRESS			:		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	<u> </u>				
TITLE	. DELET	TE 3.1 TITLE		☐ Change	☐ Addition		
NAME .		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS	•				
CITY-ST-ZIP		3.4. C/TY-ST-ZIP					
TITLE	☐ DELET	TE 4.1 TITLE	•	☐ Change	Addition		
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
C/TY-ST-ZIP		4.4 CITY+ST-ZIP					
TITLE	, DELET	TE 5.1 TTLE	•	☐ Change	Addition		
NAME		5.2 NAME	<i>'</i>	•			
STREET ADDRESS	•	5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	☐ DELET			☐ Change	Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS		•			
CITY-ST-ZIP		6.4 CITY-\$T-23P					

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 an an attacpment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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Zip Code