**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 602575

RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Principal Place of Business 200 E. BROWARD BLVD. PO BOX 1900 FT LAUDERDALE FL 33301 US  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		Mailing Address				
		200 E. BROWARD BLVD. PO BOX 1900 FT LAUDERDALE FL 33301 US				
		2a. Mailing Addre	ess			
		Suite, Apt #, etc.				
		City & State				
Zip 24	Country 25	Zip 29	Country  [30]			

FILED

99 FEB 11 PH12: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

US US						3. Date Incorporated or Qualifed			
						12/07/1970		- 1	
2. Principal F	Place of Business	2a. Mailing Address				4, FEI Number	Applied For	1	
21		26			59-1307357	Not Applicable	le l		
Suite, Apt	. #, etc.	Suite, Apt #, etc.					\$8.75 Additional		
22		27				5. Certificate of Status Desired	Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	1		
23	<b>→</b> • • • • • • • • • • • • • • • • • • •					Trust Fund Contribution	Added to Fees		
Zip	Country Zip		Count	Country		8. This corporation owes the current year			
24	25	les anno	30	ر آه		Personal Property Tax. [] Yes [] No			
	9. Name and Address of Curre					10. Name and Address of New Registere	d Agent		
			8	1 Na	ame	- 1 Time			
SCHUSTER, CAPL, ESQ.			-						
200 E. BROWARD BLVD.			8	12 St	Street Address (P.O. Box Number is Not Acceptable)				
FT.	LAUDERDALE FL 33301		, a	83			$\dashv$		
•			٦	~					
			8	4 Cr	ty	F	85 Zip Code		
				L					
11, Pursuant	t to the provisions of Sections 607.05 registered agent, or both, in the State	502 and 607.1508, Florida Statute e of Florida. Such change was au	es, the about horized b	ove-na ov the	med corpo corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	or changing its registered jointment as registered		
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	es		···, -··, -···, -···, -···, -···, -···, -···, -···, -···, -···, -··, -··, -··, -··, -··, -··, -··, -··, -··, -··			
SIGNATURE									
	Signature, typed or printed name of registered ag			gent sign	ature required	when reinstaling) DATE			
_12.		ND DIRECTORS	13.		т	ADDITIONS/CHANGES TO OFFICERS			
TITLE	VTD	[_] DELETE	1 1 TITLE				Change Addib	on [	
NAME	11000000, 12111102 01		1 2 NAM	12 NAME					
STREET ADDRESS 200 E. BROWARD BLVD.		1 3 5 TRE	13 STREET ADDRESS		900002774 -02/12/99	4U894	•		
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NAME	MCCLOSKY, DONALD C.		2 2 NAME					ı	
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CITY-ST-ZIP	FT LAUDERDALE FL		2 4 CiTY-ST-		1				
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NAME	SCHUSTER, CARL		3 2 NAM	3 2 NAME					
STREET ADDRESS			33 STRE	33 STREET ADDRESS					
CRY-ST-ZIP	ST-ZIP FT LAUDERDALE FL		3 4. CITY	3.4. CITY-S*-ZIP					
TITULE			4.1 TiTLE		[] Change [] Addition				
me	SMITH, GLENN N.		4 2 NAM	4 2 NAME					
STREET ADDRESS	Lance of the contract of the c		4 3 STRE	4 3 STREET ADDRESS					
CITY-ST-ZIP	-ST-ZP FT LAUDERDALE FL		4.4 CITY	4.4 CITY-ST-ZIP				ļ	
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STREET ADDRESS 200 E. BROWARD BLVD.		53 STR	53 STREET ADDRESS						
CITY-ST-ZIP	ET LAUDEDDALE EL		54 CITY	54 CITY-ST-ZIP					
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NAME	KRUL, MICHAEL		6 2 NAM6	E					
			6 3 STRE		RESS				
STREET ADDRESS	I		64 CITY		12.00				
CITY-ST-ZIP	FT LAUDERDALE FL	the thin filler does not mustiful for	b 4 CHY	-31-211	lated in Ca	entro 110 07/3Vil Florida Statutos I further e	and it , that the information		

indicated on this annual report or supplied with this sing does not quality for the exemption stated in Section 19.07(5)(f), include statutes. In the certify that the mindicated 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 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 Block 12 or Block 13 if changed, or on an attachment with an appears with all other like empowered.

SIGNATURE: