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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604459

ZEMEL LAW FIRM, P.A.

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90054 008 ***150.00



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Principal Place	of Business	Mailing Add				ł	•			•
1700-B SHERIDAL		4700-B SHE	RIDAN ST			Į			,	
HOLLYWOOD FL 33021			HOLLYWOOD FL 33021				DO NOT WRITE IN THIS SPACE			
US		US				ł	3. Date Incorporated or Qualifed			
•	•						06/28/1973	•		
	•		. (1)	-			4. FEI Number		Apı	olied For
2. Principal Pla	ace of Business	2a. Mailing	Address			ļ	59-1469482	.*	1	Applicable
21	<u></u>	26					<u> </u>		\$8.75 A	
Suite, Apt. #	, etc.	Suite,	Apt. #, etc.				5. Certifcate of Status Desired		Fee Re	
2		27							\$5.00	May Be
City & State		City &	State				6. Election Campaign Financing		Added t	
23		28			<u>. </u>		Trust Fund Contribution	ant uppe lat		
Zip	Country	Zip		Cou	ntry		8. This corporation owes the curr	ent year int	angibie ∐Yes .`	YZÍNo
-	25	29		30			Personal Property Tax.	Pagistored		
24)	9. Name and Address of Curre		gent				10. Name and Address of New F	registereu .	√Aaıır	
	g. Name and Address	-			81 Nan	ne				
7FMF	EL, MORTON				82 Stre	et Addre	ss (P.O. Box Number is Not Accepta	able)		
	-B SHERIDAN ST				02 300	set Addie	55 (F. 15) BOTT (F	41 95 5	4	
	LYWOOD FL 33021			•	83			Section 1		
HOLI	LITTOOD I L GOOL!	•								Code
					84 City	/		FL	11	
	to the provisions of Sections 607.05 egistered agent, or both, in the State	<u> </u>		<u> </u>	<u> </u>		action submits this statement for the		changing its	registered
SIGNATURE			100	TE: Dogistore	Agent signat	ture required	when reinstating)	DATE		
	Signature, typed or printed name of registered ag	gent and title if applicab		TE: Registered	Agent signal	ture required	when reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	ORS IN 12
12.	OFFICERS A	gent and title if applicab				ture required	when reinstating) ADDITIONS/CHANGES TO OF		DIRECTO	ORS IN 12
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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 is 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 title receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE: