Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90058 044 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

•	1999 DIVISION OF CORPORATIONS					, 04-16-1999 90058 044 ***150.00				
DOCUN 1. Corporation	MENT # 62	4547								
11.1.10	Conta, into						I IDDAKE OSKID SKOSI BIGO OSKIK OK	EKI 1901 BIBIL 917	AN ENGLI ANDI E	
Principal Place	of Business	Mail	ling Address				1 201(3 \$ 141 0 11 5 14 0180 1 5 1411 4 4	Att lakt bikit att))(0:0 () 0 1011 0 1	1811 91911 1881
C/O BROAD AN	ID CASSELL		BROAD AND CASSELL							
7777 GLADES ROAD SUITE 300 7777 GLADES ROAD SUITE 30							DO NOT WRI	TE IN THIS	SPACE	
BOCA RATON F	·L 33434	BOC	A RATON FL 33434			3	Date Incorporated or Qualifed		31 ACL	
							07/02/1979			
2. Principal Pl	ace of Business	2a.	Mailing Address -			4.	FEI Number		Apr	olied For
21		26					<u>59-1933288</u>			Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 A	I
22		27	0.1.00							· _
City & State	,	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Country		Zip	Cour	ntry	8.	This corporation owes the curr	ent year Inte		□No
24	25	29		30			Personal Property Tax. Name and Address of New I	Booletored (□N0
	9. Name and Addre	ss of Current Registe	red Agent		81 Name	10.	Rame and Address of New I	Cogistered P	- Igorit	
DEU	TCH, JEFFREY									
7777 GLADES ROAD SUITE 300					82 Street Ad	ddress (P	O. Box Number is Not Accept	able)		
BOCA RATON FL 33434					83					
					84 City		· · · · · · · · · · · · · · · · · · ·		85 Zip C	Code
		·			'			FL		
11. Pursuant	to the provisions of Sect	ions 607.0502 and 60	7.1508, Florida Statute	es, the at	ove-named co	orporation ation's bo	n submits this statement for the pard of directors. I hereby acce	purpose of one of the property of the appointment of the property of the prope	changing its itment as rec	registered gistered
agent. I a	m familiar with, and acce	ept the obligations of, S	Section 607.0505, Flo	rida Statu	tes.		•			
SIGNATURE	Signature, typed or printed name	of and title if	applieshie /NOTE	· Pagistared	Agent signature req	uired when r	einstating)	DATE		
12.		FFICERS AND DIREC	<u></u>	13.	gon ognation o		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	VASD		▼ DELETE	1,1 111	LE.				Change	Addition .
NAME	POMERANTZ, TERR	Υ		1.2 NA	ME					į
STREET ADDRESS	8600 DECARIE BLV			1.3 ST	REET ADDRESS					
CITY-ST-ZIP	TOWN OF MOUNT	ROYAL QC		_	Y-ST-ZIP				☐ Change	Addition
TITLE	TVD	Z1 164 - 1	☐ DELETE	2.1 111						Addition
NAME	GATTINGER, FRANK			2.2 NA	ME REET ADDRESS		,			
STREET ADDRESS	8600 DECARIE BLV TOWN OF MOUNT				TY-ST-ZIP					ì
CITY-ST-ZIP TITLE	PDS	HOTAL GO	☐ DELETE	3.1111					Change	☐ Addition
NAME	POMERANTZ, SAUL	_	_	3.2 NA						
STREET ADDRESS	8600 DECARIE BLV			3.3 ST	REET ADDRESS					ì
CITY-ST-ZIP	TOWN OF MOUNT			3.4. CI	TY-ST-ZIP					
TITLE			☐ DELETE	4.1 111	ue.				Change	Addition
NAME				4.2 N	WE					
STREET ADDRESS	•			4.3 ST	REET ADDRESS					
CITY-ST-ZIP				_	ry-st-zip				Change	Addition
TITLE			☐ DELETE	5.1 TT 5.2 NA			•		☐ cuande	
NAME					REET ADDRESS		· ·	,		
STREET ADDRESS				1	TY-ST-ZIP					i
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TIT			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				6.2 NA	1					
STREET ADDRESS	•			6.3 ST	REET ADDRESS					

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

Frank Gattinger

SIGNATURE:

April 1/1999 (514) 341–8600

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date