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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90121 033 \*\*\*150.00

1. Corporation	MENT # 629263 NSTALLATION SERVICE, IN	C.					
Principal Place of Business Mailing Address					- CONTINUENT PRINTED TO THE BUTTON THAT BEAUTY	JIBIR BEBFI GEBI	i BiBit Atoti 1861
6464 PERSHING STREET 6464 PERSHING STREET							
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024					DO NOT WOITE IN THIS	- CDACE	•
				•	DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
}					07/10/1979		ì
Principal Place of Business     Za. Mailing Address					4. FEI Number		Applied For
21 26					59-1928824		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
27					5. Certificate of Status Desired		Required
City & State City & State					6. Election Campaign Financing		0 Мау Ве
23	28				Trust Fund Contribution		d to Fees
Zip	Country Zip Cou			ř	This corporation owes the current year In     Personal Property Tax.	itangible ☐ Yes	□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered		
<del></del>	3. Name and Address of Current	. registered Agent	81	Name	(c. Name uno Maniero de Maniero d		
Berland, Eric N.				N 01 ( A 4 4	(D.O. Davidinata in Mak A counteble)		
6464 PERSHING STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable)		ĺ
HOLLYWOOD FL 33024			83	1			
			84	City		85 Zip	Code
}			ì	}	poration submits this statement for the purpose of	<b>-</b>   '	)
agent. I a SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE: R	egistered Age	s. 	on's board of directors. I hereby accept the appo		
12.		OFFICERS AND DIRECTORS 13		<del></del>	ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	PTD PDIC N	DELETE 1.11					, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	DETIDATE, END TO		1.2 NAME	ET ADDRESS			(
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.4 CITY- 5				
CITY-ST-ZIP			2.1 TITLE	31-ZIF		☐ Change	e Addition
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NAME			3.2 NAME	}			
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NAME			4. 2 NAME	ET ADDRESS			
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C/TY-ST-ZIP			5.1 TITLE			☐ Change	e Addition
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STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	e Addition
NAME			6.2 NAME	l l			
STREET ADORESS				TADORESS			ļ
CITY+ST-ZIP			6.4 CITY-S	ST-ZIP			

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.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/9911

(954)989-570

Daytime Phone #