FILED

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90026 023 ***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

19	99	DIVISIO				02-21-1999 90028 023	130.00	
DOCUME 1 Corporation Na	ENT # 635264	4				T FRANCE BROOK HINDS CHIND CHIND BROOK BROOK BROOK	1811 BIBN 81811 BIBN 1	
							IAN BIBN BIBN BIBN	61611 H681
		Mailing Address						
Principal Place of Business				ſ				
4367 NORTH FEDERAL HIGHWAY 4367 NORTH FEDE FORT LAUDERDALE FL 33308 FORT LAUDERDAL			E FL 33308			DO NOT WRITE IN THIS SPACE		
FORT THODESONE	L 1 L 50000					3. Date Incorporated or Qualifed		
						09/05/1979		 _
		2a. Mailing Addr				4. FEI Number	Applie	
2. Principal Plac	e of Business	⊢ ¬	,55			59-1936548	\$8.75 Add	pplicable
21		26 Suite, Apt. #.	etc.			5. Certificate of Status Desired	Fee Requ	
Suite, Apt. #,	etc.	27					\$5.00 Ma	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	Added to f	
— ·		28				This corporation owes the current year Ir	ntangible	
Zip	Country	Zip		Country		Personal Property Tax.		No
24	25	29	30			10. Name and Address of New Registered	d Agent	
	9. Name and Address of Cu	rrent Registered Agent		81	Name			
CACODIA DETED ID					Chart Add	ress (P.O. Box Number is Not Acceptable)		
CASORIA, PETER, JR. 522 NE 34 COURT				82	Street Aud	mess (r.o. box 100 m		
522 1	LAUDERDALE FL 33334			83		 -		
FORT	CHOOLING IEE IE COOL			94	City		85 Zip Co	de
				84	1	F	-f -h-naina ite re	agistered
	interest Sections 607	0502 and 607,1508, Flo	ida Statutes,	the abov	e-named cor	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as regi	stered
11. Pursuant to	gistered agent, or both, in the S familiar with, and accept the o	tate of Florida. Such cha	nge was autho .0505. Florida	orized by Statutes	the corpora 3.	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app		
agent. I ап	familiar with, and accept the o	bligations of, econor, ec						—— <u> </u>
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE: Re	gistered Age	nt signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	OFFICER	S AND DIRECTORS		13.		ADDITIONS/OTIANTOES	Change	☐ Addition
TITLE	DV	L	DELETE	1.1 TITLE	}			Ì
NAME	CASORIA, PETER SR.			1.2 NAME	ET ADDRESS			
STREET ADDRESS	552 N.E. 34 COURT			1.4 CITY-	1	<u> </u>		- Addison
CITY-ST-ZIP	FT.LAUDERDALE FL		DELETE	2.1 TITLE			Change	Addition
TITLE	DT	_	022212	2.2 NAME				
NAME	CASORIA, PETER JR.				ET ADDRESS			
STREET ADDRESS	552 N.E. 34 COURT	nn		2, 4 CITY			Change	Addition
CITY-ST-ZIP	FT LAUDERDALE, FL 0000		DELETE	3.1 TITLE			Grange	
TITLE	PD CASE, CY J			3.2 NAM	E			ļ
NAME	724 MIDDLE RIVER DRIVE			3.3 STRE	ET ADDRESS			Ì
STREET ADDRESS	FT LAUDERDALE, FL 000	00 33304			-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP	SD		DELETE	4.1 TITLE	Į.			
NAME	ROSE, JOYCE C.			4, 2 NA	I		•	į
STREET ADDRESS	AAAA NIE EO OTDEET				EET ADDRESS			
CITY-ST-ZIP	FT.LAUDERDALE FL		Tori CTC		/-ST-ZIP		Change	Addition
TITLE		L] DELETE	5.1 TITL 5.2 NAM	1			I
NAME	1				REET ADDRESS			

STREET 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 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. 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

Addition