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

PROFIT-**CORPORATION** ANNUAL REPORT

1999

DOCUMENT # 646075



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Katherine Harris Secretary of State

Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90031 043 ***150.00

1. Corporation	USTMENT EXPERTS OF FL						1 2 1
Principal Place	of Rusiness	Mailing Address			16 (019) ISBBI BIII DIBIS D	IEN DIAN BIDN (OCHEL MINIE INNI
, , , , , , , , , , , , , , , , , , ,		169 LINCOLN RD. #310		,,			
169 LINCOLN RD. #310 169 LINCOLN RD. #310 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THIS SPACE		
						SPACE	
	,			3. Date Incorporated or C 12/03/1979	папес		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number		Ap	plied For
21	*	26		<u>59-1993979</u>			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status De	sired 🔲	\$8.75	
	<u>ر جي معمول بن اي </u>	27			<u></u>	Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes	the current year Int		
24	25	29 30		Personal Property Tax		Yes	□No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address o	f New Registered	Agent	
544	DOON FLICENE		81 Name				ļ
DAVIDSON, EUGENE J.			82 Street	Address (P.O. Box Number is Not	Acceptable)		
169 LINCOLN ROAD, #310 MIAMI BEACH FL 33139			<u></u>				
MIAI	MI BEACH FE 33139		83				J
			84 City		FL	-	Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered ageing		1	required when reinstating)	DATE	<u> </u>	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE	PSD	☐ DELETE	1.1 TITLE		•	☐ Change	☐ Addition
NAME	DAVIDSON, EUGENE	i	1.2 NAME				ļ
STREET ADDRESS	169 LINCOLN RD., #310		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP				F*1 4 4 190
TITLE	VTD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BLAKE, A H		2.2 NAME	į			Į
STREET ADDRESS	· - · - ·		2.3 STREET ADDRESS				ĺ
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY-ST-ZIP			ET Change	Addition
TITLE	* , *	☐ DELETE	3.1 TITLE		•	Change	L ANGIOUTI
NAME			3.2 NAME				}
STREET ADDRESS	·		3.3 STREET ADDRESS	1		•	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
TITLE	•		4.1 113LE 4.2 NAME				
NAME			4.3 STREET ADDRESS				}
STREET ADDRESS	• •				•		1
TITLE			4.4 CITY-ST-ZIP 5.1 TITLE			☐ Change	Addition
	•		5.2 NAME		-		
NAME STREET ADDRESS	• .		5.3 STREET ADDRESS				}
CITY-ST-ZIP		Į	5.4 CITY-ST-ZIP				
TITLE	,	☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			·	
STREET ADDRESS			6.3 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 officer or director of the corporation or the seceiver 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: