FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90150 005 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # 661194			
i. Corporation	E GRUBER ENTERPRISES.			
WAUNIC	e unuden eintenenioeo,	INC.		
Principal Plac	e of Business	Mailing Address		r jaditin ditug ditas tioni train talit nibi nibit grats bibst dinit grats bibst dinit sabs
2699 STIRLING	ROAD	2699 STIRLING ROAD		
Suite A-303 Ft. Lauderdai	IF FL 33312	SUITE A-303 FT. LAUDERDALE FL 33312	9	DO NOT WRITE IN THIS SPACE
US	EE 1 F 0001E	US	-	3. Date Incorporated or Qualifed
				03/10/1980
	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-1984713 Not Applicable \$8.75, Additional
22 Suite, Apr.	#, GIC.	27		5. Certificate of Status Desired Fee Required
City & Stat	le	City & State		6. Election Campaign Financing \$5.00 May Be
23		28	- 	Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax Dives No
24]	9. Name and Address of Curren	29	30	Personal Property Tax. MyYes LINO 10. Name and Address of New Registered Agent
<u></u>	5. Name and Address of Curren	t registered Agent	81 Nam	
	IBER, MAURICE		82 Stree	et Address (P.O. Box Number is Not Acceptable)
2699 STIRLING ROAD			BZ Suee	et Address (F.O. Box Number is Not Acceptable)
SUITE A-303			83	
FI. 1	LAUDERDALE FL 33312		84 City	85 Zip Code
				FL 69 219 Code
office or r	egistered agent, or both, in the State (of Florida. Such change was a	uthorized by the cor	ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signatur	re required when reinstating) DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BP MANDICE	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GRUBER, MAURICE 5031 N. 36 ST.		1,2 NAME	
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL		1.3 STREET ADDRES	33
TITLE	HOLLINGODIE	☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRES	ss
CITY-ST-ZIP			2 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	}		3.2 NAME	
STREET ADDRESS			, 3.3 STREET ADDRES , 3.4 CITY-ST-ZIP	SS
CITY-ST-ZIP TITLE	 	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	ss (
CITY-ST-ZIP	<u> </u>		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	925
STREET ADDRESS.			5.3 STREET ADDRES 5.4 CITY-ST-ZIP	200
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		C Sereit	6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRES	es
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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 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: _

Mouver grall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 954-9666169