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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT	#	670634	4
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	ART LEEDS, P.A.						
Principal Place	e of Business	Mailing Address		*********	I IDEAL CALL TOP IN COLUMN STATE OFFI	IMIL AJBIL BIBIL ALBIL I	}1911 01311 1081
6701 SUMSET (DR	6701 SUNSET DR.					
#108 NIAN EL 22142	5	#108 Miami Fl 33143			DO NOT WRITE IN T	HIS SPACE	
MIAM FL 33143	3	US			3. Date Incorporated or Qualifed		
T					05/20/1980		ļ
2. Principal Pl	ace of Business	2a. Maiting Address		01	4 551 54	Ap	plied For
21 1165	5 Old Cutter Rd	26 11655 Old	ol Cu	Her Rd	59-2355323	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	bles	F/	5. Certificate of Status Desired	\$8.75 A	Additional equired
City & State		City & State	<u></u>	7	6. Election Campaign Financing	\$5.00	May Be
23 3315	-6 (1-8	28 33156	<u> </u>	<u>7 · </u>	Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cou	atry	8. This corporation owes the current year		
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Register	rea Agent	
FFIN	IGOLD, LAURENCE			Name			
	11 S.W. 65 AVE.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	/I FL 33156			83		· · ·	
				63			
				84 City		FL 85 Zip (Code
SIGNATURE	m familiar with, and accept the obligation of registered age				poration submits this statement for the purposion's board of directors. I hereby accept the a		
		int and title if applicable (NOTE:	Registered	Agent signature require			
12.		ND DIRECTORS	Registered 13.	Agent signature requin	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTO	
12.	Р				ψ,		DRS IN 12
	P LEEDS, STUART	ND DIRECTORS	13.	LE	ψ,	S AND DIRECTO	
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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 fruetee 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:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99(305)6666833