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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # 679011 | | | | | |
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| ALLOR, I | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | | |
| Principal Place | of Pusiness | Mailing Address | | | |
| | | 621 N.W. 76TH TERRACE | | , | |
| 4953 N UNIV D #14B | N | PLANTATION FL 33324 | | | 00405 |
| LAUDERHILL FL | : 33351 | US | | DO NOT WRITE IN THIS | SPACE |
| US | | | | 3. Date Incorporated or Qualifed | |
| 2 Principal Pl | ace of Business | 2a. Mailing Address | | 07/18/1980 4. FEI Number | Applied For |
| 21 | and of pasificati | 26 | | 59-2020771 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | 1-1/ | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of California | Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | Country | Zip | Country | Trust Fund Contribution | Added to Fees |
| Zip | Country 25 | <u> </u> | io | This corporation owes the current year Int Personal Property Tax. | angibie □Yes □No |
| 24 | 9. Name and Address of Current | | | 10. Name and Address of New Registered | Agent |
| | | | 81 Name | | |
| LEDERER, STEVEN J.L. | | 82 Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| 2450 N.E. MIAMI GARDENS DR., STE 100 | | | | | |
| N MI | AMI BEACH, FL EF 33180 | | 83 | | |
| | | | 84 City | . FL | 85 Zip Code |
| 44 5 | | and CO7 4500 Elected Statutos | the shows named corr | | changing its registered |
| office or re | egistered agent, or both, in the State of | f Florida. Such change was aut | horized by the corporati | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi | ntment as registered |
| agent. I a | m familiar with, and accept the obligati | ons of, Section 607.0505, Flore | a Statutes. | والمستروب | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: R | Registered Agent signature require | ed when reinstating) DATE | |
| 12. | OFFICERS AND | | rodinie i na i Aerii e Airini - i - i - i - i | | |
| TITLE | | | 13. | ADDITIONS/CHANGES TO OFFICERS AN | |
| | PD | D DIRECTORS | | | ND DIRECTORS IN 12 |
| NAME | STEINBERG, ALLAN D. | | 13. 1.1 TITLE 1.2 NAME | | |
| NAME STREET ADDRESS | STEINBERG, ALLAN D. 621 N.W. 76TH TERR | | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | | |
| STREET ADORESS CITY-ST-ZIP | STEINBERG, ALLAN D. 621 N.W. 76TH TERR PLANTATION FL | ☐ DELETE | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE | STEINBERG, ALLAN D. 621 N.W. 76TH TERR PLANTATION FL STD | | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | STEINBERG, ALLAN D. 621 N.W. 76TH TERR PLANTATION FL STD STEINBERG, LAURIE K. | ☐ DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | STEINBERG, ALLAN D. 621 N.W. 76TH TERR PLANTATION FL STD STEINBERG, LAURIE K. 621 N.W. 76TH TERR | ☐ DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | | Change Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | STEINBERG, ALLAN D. 621 N.W. 76TH TERR PLANTATION FL STD STEINBERG, LAURIE K. 621 N.W. 76TH TERR | ☐ DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | Change Addition |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME | STEINBERG, ALLAN D. 621 N.W. 76TH TERR PLANTATION FL STD STEINBERG, LAURIE K. 621 N.W. 76TH TERR | DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP | | ☐ Change ☐ Addition ☐ Change ← ☐ Addition ☐ Change ☐ Addition |
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS