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**

1999 DOCUMENT # 695834

NC.			
Mailing Address			
2356 E. SUNRISE BOULEVARD FORT LAUDERDALE FL 33304			
2a. Mailing Address 26 700 W. Canino Real			
Suite, Apt, #, etc.			

FILED	1
May 04, 1999	8:00 am
Secretary of	State

05-04-1999 90094 019 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

07/23/1981 4. FEI Number

59-2109789

Suite, Apt.	#, etc.	Suite, Apt, #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	.	City & State Parton	R	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	zip 33433 30 C	ountry	This corporation owes the current year Personal Property Tax.	☑ Yes □No		
	9. Name and Address of Current F	tegistered Agent		10. Name and Address of New Registe	red Agent		
MANSFIELD, GARY N 5008 N FEDERAL HIGHWAY			· · · · · · · · · · · · · · · · · · ·	erry, Eugene ess (P.O. Box Number is Not Acceptable)			
LIGHTHOUSE POINT FL 33064			83 /77	17759 Lake Estates			
			84 City Boc	a futar	FL 85 Zip Code 3 349 6		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation for, Section 607.0505, Florida Statutes. SIGNATURE							
SIGNATURE,	Signature, typed or printed name of righter dage it a	od title kapplicable. (NO E: Rediste	red Agent signature required	when reinstating) DAT	E		
12.	OFFICERS AND		3	ADDITIONS/CHANGES TO OFFICER			
TITLE	PST	☐ DELETE 1.1		.00	Change Addition		
NAME	WOLK, JOEL	1.2	NAME IAI	101K, Isel			
STREET ADDRESS	4850 REGENCY COURT	1.3	STREET ADDRESS 7	3156 L'Emitese Circle			
CITY-ST-ZIP	BOCA RATON FL	14		oca Rata FE 33433			
TITLE	D		TITLE	1004 1004 100	☐ Change ★ Addition		
NAME I	WOLK, JOEL		9	one Eogene			
			STREET ADDRESS 17	159 like betakes			
STREET ADDRESS	5008 N FEDERAL HWY LIGHTHOUSE POINT FL 33064		4 CITY-ST-ZIP	CE Late FL 33496			
CITY-ST-ZIP	DS		TITLE D	100 per 100 1 0 77 11	Change Addition		
TITLE	· · · · · · · · · · · · · · · · · ·	, ·		··· 16~1A	<u></u>		
NAME	MANSFIELD, GARY N		1 52	ive, flavold, Suite 110			
STREET ADDRESS	5808 N FEDERAL HWY	B.	0				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		. 3//1-01-24	t. Landidule, Fl 33317	Change Addition		
TITLE	V		TITLE D	II Ma	Claride Dayourou		
NAME	DUELL, KARL E		2 NAME	21 Gran Head line			
STREET ADDRESS	5008 N FEDERAL HWY	4.3	STREET ADDRESS	01 01 40 0			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			oca Raton R 33496	Fig. Company		
TITLE	P	-	ITTLE ()	1 1 2	Change Addition		
NAME	.WOOD, GUY	1 -	NAME 4	the Nest prenstry arche	supp E		
STREET ADDRESS	5008 N FEDERAL HWY	5.3	STREET ADDRESS 7	100 Quentky arch	71001		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			oca Katan, Fr 33496			
TITLE		DELETE 6.1	TITLE -	,	☐ Change ☐ Addition		
NAME		6.2	NAME				
STREET ADDRESS		6.3	STREET ADDRESS				
CITY-ST-ZIP		6.4	CITY-ST-ZIP				
		,,,			115 11 1 11 1 1 1		

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: