NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		EE IS \$61.25 FLORIDA DEPAR Katherin Secretary DIVISION OF CO	of State	FILED Jan 21, 1999 Secretary of		n
OCUMENT # 737 Corporation Name THE IRVING AND SALLY MA ION, INC.	-	Larship Found	DAT	01-21-1999 90004 019 ***	***61.25	
incipal Place of Business IRA BIGMAN 3341 TORRE CIR OCA RATON FL 33433 S	% (F 2334	ing Address RA BIGMAN IT TORRE CIR RA RATON FL 33433				
Principal Place of Business		Mailing Address		3. Date incorporated or Qualifed 12/28/1976		
Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number	h	ed For
	27	City & State		59-1712933	88.75 Ad	Applicable
City & State	28			5. Certifcate of Status Desired	Fee Requ	uired
Zip Country	29	Zip Г	Country 30	6. Election Campaign Financing	\$5.00 M Added to	
9. Name and Address			81 Name	10. Name and Address of New Registere	ed Agent	
23341 TORRE CIR BOCA RATON FL 33433	the State of Honda	7.1508, Florida Statute	nnonzeo dy une cordorau	Poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its re pointment as regi	gistered
23341 TORRE CIR BOCA RATON FL 33433	is 617.0502 and 617 the State of Florida the obligations of, S	7,1508, Florida Statute I. Such change was au Section 617.0503; Flor	83 84 City ss, the above-named corr uthorized by the corporati	ooration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its repointment as regi	egistered stered s
23341 TORRE CIR BOCA RATON FL 33433	is 617.0502 and 617 the State of Florida the obligations of, S	7. 1508, Florida Statute . Such change was au Section 617.0503, Flor applicable. (NOTE: CTORS	83 84 City ss, the above-named corr thorized by the corporati ida Statutes. Registered Agent signature require 13.	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	AND DIRECTOR	egistered stered s
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23341 TORRE CIR BOCA RATON FL 33433	is 617.0502 and 617 the State of Florida the obligations of, S registered egent and title if a ICERS AND DIREC	7. 1508, Florida Statute . Such change was au Section 617.0503, Flor applicable. (NOTE: CTORS	83       84       City       ss, the above-named corporation       thorized by the corporation       13       1.1 ITTLE       1.2 NAME       1.3 STREET ADDRESS	ooration submits this statement for the purpose on's board of directors. I hereby accept the ap	AND DIRECTOR	S IN 12
23341 TORRE CIR BOCA RATON FL 33433	is 617.0502 and 617 the State of Florida the obligations of, S registered egent and title if a ICERS AND DIREC	7. 1508, Florida Statute . Such change was au Section 617.0503, Flor applicable. (NOTE: CTORS	83       84       City       sthorized by the corporati       ida Statutes.       Registered Agent signature require       13.       1.1 ITTLE       1.2 NAME	ooration submits this statement for the purpose on's board of directors. I hereby accept the ap	AND DIRECTOR	S IN 12
23341 TORRE CIR         BOCA RATON FL 33433         Pursuant to the provisions of Section office or registered agent, or both, in cagent. I am familiar with, and accept GNATURE         GNATURE         Signature, typed or printed name of n         OFFI         LE       PD         BIGMAN, IRA         REET ADDRESS         Y-ST-ZIP         BOCA RATON FL 3343	is 617.0502 and 617 the State of Florida the obligations of, S registered egent and title if a ICERS AND DIREC	7.1508, Florida Statute Section 617.0503; Flor applicable. (NOTE: CTORS	83       84       City       ss, the above-named corporation       thorized by the corporation       13       1.1 ITTLE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP	ooration submits this statement for the purpose on's board of directors. I hereby accept the ap	AND DIRECTOR	S IN 12
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