FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

5 A 3 - 5	LDSTEIN; AGENCY, INC.				Mary and the second section of the secti		
Charle Man	The Control of the Co	The sign of the second of the second					
D. Cod Disc		Mailing Address			-	(8)	
6769D MONTEGO BAY BLVD PO BOX 276160 PO BOX 276160 PO BOX 276160							
BOCA RATON FL 33427-6160 BOCA RATON FL 33427-6160					DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
	W				10/05/1977		
2. Principal Pl	ace of Business, Action	2a. Mailing Address			4. FEI Number		Applied For
21 26					22-1977355		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		75 Additional e Required
	City & State City & State				6. Election Campaign Financing		. 00 May Be
23					Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation owes the current year Int		[T]A1
24	25 29 30				Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	rea Agent	
GOL	DSTEIN, ROBERT E			Mairie			
6769D MONTEGO BAY BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BOC	A RATON FL 33433		83				
	·		84	City		85	Zip Code
	and the second		1 1	•		FL	·
office or f	existered agent, or both, in the State of	f Florida. Such change was auth	iorized by t	named corpo	oration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing ppointment a	g its registered as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	•	• ,		-
SIGNATURE		AIOTE: Be	aintered Apost	signature required	when reinstation) DAT	<u> </u>	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	signature required	ADDITIONS/CHANGES TO OFFICER		CTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Chai	
NAME			1.2 NAME		•		
STREET ADDRESS	OZOOD MONTECO DAY DIVO		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BOOK BUTON ST		1.4 CITY-ST	į		•	
TITLE	VP	☐ DELETE 2.				☐ Chai	nge Addition
NAME	Y		2.2 NAME				
STREET ADDRESS	TO 4 BRM 440TH AVIT		2.3 STREET	ADDRESS			
CITY-ST-ZIP	PLANTATION FL-		2. 4 CITY-ST	ZIP			
TITLE	.S	☐ DELETE	3.1 TITLE			☐ Cha	inge
NAME	GOLDSTEIN, CYNTHIA S	*	3.2 NAME		•		
STREET ADDRESS	6769D MONTEGO BAY BLVD		3.3 STREET	ADDRESS	*** **********************************	3 .	3 2 4 3 5
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP		and the second s	100	1 2 2 E
TITLE		☐ DELETE	4.1 TITLE		*	☐ Cha	inge 📑 🛅 Additton
NAME	•		4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	- ZIP			
TITLE	<u> </u>		5.1 TITLE			☐ Cha	inge
NAME			5.2 NAME				-
STREET ADDRESS	4		5.3 STREET	i			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP	- unit -		
TITLE	and the second of the second o	☐ DELETE	6.1 TITLE			☐ Cha	ange

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

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90031 019 ***150.00