**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90045 022 \*\*\*150.00

| DOCU<br>1. Corporatio  | MENT # <b>F10818</b>   |  |  |  |                       |   |                           |   |  |
|--|--|--|--|--|-----------------------|---|---------------------------|---|--|
| ACLM C   | CORP.  |  |  |  | 110                   | nting tint tint unint thin                          | 1001 (D)L P101            | n <b>kimi</b> r <b>4(1)</b> 1             | B)( #1817 B)B1( 3081                               |
|  |  |  |  |  |                       |   |                           |   |  |
| Principal Plac   | ce of Business   | Mailing Address  |  |  |                       | BifOO 160+ 11016 0 0101 10401 1                     | 1881 <del>1</del> 811 818 |   |  |
| 825 BRICKELL<br>TOWER III. STE   |  | 825 BRICKELL BAY DR<br>TOWER III. STE 1643   |  |  | •                     |   |                           |   |  |
| MIAMI FL 33131   |  | MIAMI FL 33131   |  |  | DO NOT WR             |   | IS SPACE                  |   |  |
| US   |  | US   |  |  | 1                     | orporated or Qualifed                               |                           |   |  |
|  |  |  |  |  | 12/01/                |   |                           |   | · · · · · · · · · · · · · · · · · · ·              |
| _ `  | Place of Business  | 2a. Mailing Address  |  |  | 4. FEI Nun            |   |                           | <del> </del>                              | Apr lied For<br>Not Applicable                     |
| Suite, Apt.  | # etc  | Suite, Apt. #, etc.  |  |  | 59-204                | 14003   |                           | \$8.7                                     | 5 Additional                                       |
| 22   | . #, <del>6</del> 10.  | 27   |  |  | 5, Certifc at         | e of Status Desired                                 |                           | ,   | Recuired   |
| City & Stat  | te   | City & State   |  |  | 6 Election            | Campaign Financing                                  |                           | \$5.0                                     | 10 May Be  |
| 23   |  | 28   |  |  | -                     | nd Contribution                                     |                           | •   | ed to Fees   |
| Zip  | Courtry  | Zip  | Country  | ,  | 8. This cor           | poration owes the cur                               | rent year                 | ntangible                                 |  |
| 24   | 25   | 29   | 30   |  | Persor a              | l Property Tax.                                     |                           | Yes                                       | I <b>L</b> No                                      |
|  | 9. Name and Address of Curren  | t Registered Agent   |  | т  | 10. Name a            | nd Address of New                                   | Registere                 | d Agent                                   |  |
|  | UDELOON LANDANG A  |  | 81   | Name   |                       |   |                           |   |  |
|  | NDELSON, LAURANS A   |  | 82   | Street Ac  | dress (P.O. Box I     | Number is Not Accept                                | iable)                    |   |  |
| 825 BRICKELL BAY DR<br>STE. 1643   |  |  |  |  |                       |   |                           |   |  |
|  |  |  | 83   |  |                       |   |                           |   |  |
| MIAI   | MI FL 33131  |  |  |  |                       |   |                           | . 85 Z                                    | ip Code  |
| 17117 31   |  |  | 84   | City   |                       |   | -                         | ■  QJ  4                                  | ,p   |
| 44 Dumunat   | to the assurations of Scotions 607 050   | 2 and 607.1508, Florida Statute  | e the abov   | e-named co   | rporation submi s     | this statement for the                              | purpose                   | of changing                               | its registered                                     |
| 11. Pursuant   | to the provisions of Sr ctions 607.050;<br>registered agent, or bo h, in the State<br>am familiar with, and accept the obligat   | of Florida. Such change was au<br>tions of, Section 607.0505, Flori  | s, the abov<br>thorized by<br>ida Statutes   | e-named co<br>the corpora  | ition's board of (III | this statement for the rectors. I hereby acce       | purpose<br>pt the app     | of changing                               | its registered                                     |
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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 or derivation officer or director of the corporation or the receiver of trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or an adjustment with an address, with all other like empowered.

64 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRE 3S

CITY-ST-ZIP

Laurans A. Mendelson YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

305-374-1744

Daytime Phone #