## 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

## DOCUMENT # F18739

1950 LTD., INC.,

Principal Place	e of Business	Mai	iling Address				- * 10011100 3101 310 04 10114 10	IAA 11410 ESTI BIBIT I	ICAIS MISTI GIGII GI	1811 BIBH 1881
C/O STEINER, ALFRED. M. 132 FAIRWICH COURT TAVERNIER FL 33070		P.O.	C/O STEINER. ALFRED. M. P.O. BOX 81-7413 HOLLYWOOD FL 33081			DO NOT	WRITE IN THIS	S SPACE		
US		US					3. Date Incorporated or Qua	ifed		
							01/28/1981			
2. Principal P	Place of Business	2a.	Mailing Address	-			4. FEI Number		- <del> </del>	plied For
21	•	26					59-2068249			t Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			ڊ <del>ٽ</del>	5. Certificate of Status Desired			
City & Stat	te		City & State				6. Election Campaign Finance	ing 🖂	\$5.00	7
23	·	28					Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip	Coun	ıtry		8. This corporation owes the	current year In		ZÍNo
24	25 9. Name and Address of Curre	29		30			Personal Property Tax.  10. Name and Address of N	ew Registered		7
	9. Name and Address of Curre	iit Keğist	ereu Agent	- 1	81	Name	10, 1121110 4114 / (201000 01 1-			
STEI	INER, ALFRED M			ļ.	82		· · · · · · · · · · · · · · · · · · ·			
P.O. BOX 81-7413						Street Addr	ress (P.O. Box Number is Not Acceptable)			
HOL	LYWOOD FL 33081			1	83		·			
	•			I.	04	City			85 Zip C	ode -
•	r				84	City	•	Fi	_	}
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the obliga	of Florid:	a. Such change was au	ITROFIZEG	DV II	ina comoratio	oration submits this statement fo on's board of directors, I hereby a	r the purpose o accept the appo	f changing its iintment as req	registered gistered
	am tamiliar with, and accept the obliga	ations oi,	Section 607.0505, Floti	iga Statu	tes.			•		ţ
agent. I a SIGNATURE	Signature, typed or printed name of registered age				tes.		d when reinstating) •	DATE		
		ent and title if	applicable. (NOTE: I		tes.					
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE: I	Registered A	IES.		d when reinstating)		ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if	applicable. (NOTE: I	Registered A	Agent		d when reinstating)			
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI  DP STEINER, ALFRED M 1950 WILTON DRIVE	ent and title if	applicable. (NOTE: I	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.1 TITL 2.2 NAA	Agent LE ME REET / Y-ST- LE ME	signature required  ADDRESS  -ZIP	d when reinstating)		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 frue 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90215 048 \*\*\*150.00

305-812-9354