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

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90010 004 ***150.00

T. Corporation	MENT # F4731 S A CORP.	9					
Principal Place of Business Mailing Address					T INDITION CITY BIRLY INDURA ITEM FACE		## 4(4 () (46)
5853 S. CONGF	RESS AVE	5853 S CONGRESS AVE					
LANTANA FL 33462 LANTANA FL 33462					DO NOT WRITE IN THIS SPACE		
US		U\$			3. Date Incorporated or Qualifed		
					10/05/1981		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App'	lied For
21		26			59-2132983		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ac	1
22		27				Fee Req	
City & State City & State					6. Election Campaign Financing	\$5.00 N Added to	
23		28	Countr	.,	Trust Fund Contribution		rees
Zip	Country	Zip	30	y	This corporation owes the current yes Personal Property Tax.		JNo
24	25	rent Registered Agent	30]		10. Name and Address of New Regist		
	o. Hallio alla Hadiood di Gal	<u> </u>	8	1 Name			
ALIA	iga, frank		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
383 DENNY COURT				Sueet Add	Hess (F.O. Box Hamber is Not Acceptable)		
800	CA RATON FL 33486		83	3			
			84	4 City		85 Zip C	ode
				1		FL	
office or r	enistered anent or both in the St	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized by	v tne corporat	poration submits this statement for the purption's board of directors. I hereby accept the	appointment as regi	egistered istered
SIGNATURE							
	Signature, typed or printed name of registered	_ 	: Registered Age	ent signature requir	ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECTOR	RS IN 12
TITLE	PST	AND DIRECTORS	1,1 TITLE		ADDITIONO/OTANGES TO OTTICE	☐ Change	Addition
NAME	ALIAGA, FRANK	_	1.2 NAME				
STREET ADDRESS	383 DENNY CT		1	ET ADDRESS			
CITY-ST-ZIP			1,4 CITY-				
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				ì
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	-ST-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 TiTLE			∽ ☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	3.4. C/TY-			Change	Addition
TITLE		☐ DELETE	4.1 TITLE			□ Cilalige	
NAME			4, 2 NAM	i			
STREET ADDRESS				ET ADORESS		:	
CITY-ST-ZIP		DELETE	4.4 CITY- 5.1 TITLE			☐ Change	Addition
TITLE NAME			5.2 NAME	1	. , , ,		_
STREET ADDRESS			53 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		-		
STREET ADDRESS			6.3 STRE	ET ADDRESS	•		
	, /	l .	I		· ·		

CITY-ST-ZIP

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 deceiver 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 only a traditional statutes, with all other like empowered. CITY-ST-ZIP

SIGNATURE: