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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F51947

ERIC R. SISSER, INC.

Principal Place of Business

Mailing Address

SEEE C DAVOLINDE NO STE 1300

SEES & RAVOLINDE DD STE 1200

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90065 038 ***150.00



MIAMI FL 33133 MIAMI FL 33133				. 1200				
						DO NOT WRITE IN THIS SPACE		
	•					3. Date Incorporated or Qualifed		
						10/29/1981	ı	
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number	App	plied For
21		26				59-2155886	. Not	t Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.		11.77.00		¬ \$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Res	quired
City & Stat	te	City & 5	State			6. Election Campaign Financing	¬ \$5.00 (May Be
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip		Country	/	8. This corporation owes the current	year Intangible	
24	25	29	30	7		Personal Property Tax.		□No
	9. Name and Address of Currer			<u>, </u>		10. Name and Address of New Reg	istered Agent	
	7.11.11			81	Name			
MAD	OORSKY, MARSHA							
2665 S BAYSHORE DR #603 GRAND BAY PLAZA					82 Street Address (P.O. Box Number is Not Acceptable)			1
				83	1	Property of the second	100	F - F C - 1 98
	MI FL 33133	•					了難器當点。	是独立人员
			•	84	City		1 2ip C	ode
	13.00 F. 03 FEB	0 1007 4500	Et ill Out to	45 - 56	<u> </u>		FL	ragistarad
office or r	registered agent or both in the State	of Florida, Such	change was author	orized by	the comora	rporation submits this statement for the pur tion's board of directors. I hereby accept th	ne appointment as reg	gistered
agent. I a	im familiar with, and accept the obliga	tions of, Section	607.0505, Florida	a Statutes	3.	•		
SIGNATURE								
	0)							
	Signature, typed or printed name of registered ager		(NOTE: Re		nt signature requi		DATE	DC IN 12
12.	OFFICERS AN	ID DIRECTORS		13.	nt signature requi	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE	OFFICERS AN		(NOTE: Red	13. 1.1 TITLE	nt signature requi			RS IN 12
	PD SISSER, ERIC R	ID DIRECTORS		13. 1.1 TITLE 1.2 NAME			ERS AND DIRECTOR	
TITLE	PD SISSER, ERIC R 2665 S BAYSHORE DR #1200	ID DIRECTORS		13. 1.1 TITLE 1.2 NAME	nt signature requi		ERS AND DIRECTOR	
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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 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 or an attachment with in address with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

NAME STREET ADDRESS