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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # F80650**

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90030 048 ***150.00

U & D, IN	NC.	Mailing Address		W 8 - **		
Principal Place of Business 1206 STIRLING ROAD. 1-A DANIA FL 33004		% R.L. LOVY 9704 SIŁLS DRIVE EAST. #203 BOYNTON BEACH FL 33437 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
					05/05/1982	
2. Principal Pla	ace of Business	2a. Mailing Address	<u> </u>		4. FEI Number Applied 59-2188787 Not Ap	for plicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			\$8.75 Addi	
22	<u></u>	27			Fee Requir	
City & State		City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fe	/_Be
Zip	Country	28 Zip	Cou	ntry	8. This corporation owes the current year Intangible	-03
24	25	29	30	<u>.</u>	Personal Property Tax.	No
	9. Name and Address of Curre	ent Registered Agent		04 11	10. Name and Address of New Registered Agent	
DELU	JCA, AL			81 Name		
	8 LAKEVIEW DR			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	tun) cud
CORA	AL SPRINGS FL 33071			83		
1				84 City		
office or re agent. I an	egistered agent, or both, in the Stat n familiar with, and accept the obliq	ie of Florida. Such change was a gations of, Section 607.0505, Flo	orida Stati	by the corpora	rporation submits this statement for the purpose of changing its registron's board of directors. I hereby accept the appointment as registronic particular than the constitution of the co	istered ered
office or re agent. I an SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed name of registered a	te of Florida. Such change was a gations of, Section 607.0505, Floridation of the if applicable. (NOTE	orida Stati	by the corpora	ired when reinstating)	
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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 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 on any area; ment with an address, with all other like empowered.

SIGNATURE:

REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR