**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90005 007 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F85896

1. Corporation Name

SIGNATURE:

DAVID TEITEL CPA, P.A.

TITICIPAL FIACE	e or premese	Mailing Address							
38 EDINBURGH	DR Gardens FL 33418	38 EDINBURGH DR PALM BEACH GARDENS FL 33418							
US US			, 2			DO NOT WRITE IN THIS SPACE			
. ' .						3. Date Incorporated or Qualifed	j		-
						06/18/1982			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number		$\Box$	Applied For
2. 1 1110/00/1	,	26				59-2195248			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							5 Additional
<del>-</del>		27			-	5. Certificate of Status Desired	Ō	<b>v</b>	Required
City & Stat	A Commercial Commercia	City & State				6. Election Campaign Financing		\$5.0	0 May Be
<del></del> 1	<del>U</del>	<b>⊢</b> ′				Trust Fund Contribution	'	•	ed to Fees
23	On what	Zip	Country						.0 10 1 003
Zip			¬ ·	y		8. This corporation owes the cu	•	ngible     Yes	₩No
24	25	<u> </u>	0			Personal Property Tax.			20140
	9, Name and Address of Current	Registered Agent	81	1	1	10. Name and Address of New	Kedizieled N	gent	<del></del>
TEST	EL DAMP C		81	N	lame				
	EL, DAVID C		82	s	treet Addr	ress (P.O. Box Number is Not Accep	table)		
	DINBURGH DR			L.					
PALI	M BEACH GARDENS FL 33418		83						
			84	C	City			85 Z	ip Code
				1			<u> </u>	بلبا	<del>,, ,, ,</del>
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	Florida. Such change was aut	nonzea by	(the	corporatio	on's board of directors. I hereby acco	e purpose of c ept the appoin	tment as	registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt sign	nature require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		•	ADDITIONS/CHANGES TO O	FFICERS AN	DIREC	TORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE					☐ Chang	ge 🗌 Addition
NAME	TEITEL, DAVID		1.2 NAME						
STREET ADDRESS	38 EDINBURGH DR		1.3 STREE	TADO	DRESS				
	PALM BEACH GARDENS FL 334	10	1.4 CITY-S						
CITY-ST-ZIP TITLE	TALM DEACH GAIDENOTE SO	☐ DELETE	2.1 TITLE	31-7II	<u> </u>	<del></del>		Chang	ge Addition
		C, 5022.0	2.2 NAME						, <u> </u>
NAME			<b>■</b> 1						
STREET ADDRESS			2.3 STREET ADDRESS		1		_ ,		
CITY-ST-ZIP	-5-4, 7-	☐ DELETE .	2. 4 CITY-	ST-ZI	P -			Chang	ge 🔲 Addition
TITLE	·		3.1 TITLE					☐ Cuan	je 🗆 Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADE	DRESS				
CITY-ST-ZIP			3.4. CITY-1	ST-ZII	Р				
TITLE		☐ DELETE	4.1 TITLE					☐ Chan	ge 🔲 Addition
NAME	in the second		4. 2 NAME						
STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		4.3 STREE	T ADD	DRESS				
CITY-ST-ZIP	<b>'</b> -		4.4 CITY-S						
TITLE		☐ DELETE	5.1 TITLE	JI LI	-			☐ Chan	ge Addition
		<u> </u>	5.2 NAME						- —
NAME			5.3 STREE	TADE	DRESS				
STREET ADDRESS	l.								
CITY-ST-ZIP			5.4 CITY-5	51-ZIF	<u> </u>			☐ Chang	ge
TITLE		☐ DELETE	6.1 TITLE					□ cuan	le 🗆 Wormou
NAME			6.2 NAMÉ		1				
STREET ADDRESS			6.3 STREE	TADE	DRESS				

6.4 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 on an attachment with an address, with all other like empowered.