FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFITMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F90530

Principal Place of Business

10TH AVENUE CORPORATION

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90063 050 ***150.00



406 XANADU PLACE JUPITER FL 33477			406 XANADU PLACE JUPITER FL 33477						1	OO NOT W	/RITE IN	THIS	SPACI	Ē	_
									te Incorporate //13/1982	d or Qualif	ed				
2. Principal Pla	ace of Business	2	2a. Mailing Address				1	Number						ol ed For	
21			26					59	<u> -2264374</u>						Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Cer	rtifcate of Stat	us Desired	ı 🗆			ee Re	dditional quired	
City & State		28	City & State			-		1	ectior Campai ust Fund Contr	-	ng 🗆				Nay Be
Zip 24	Countr 25	y	Zip	30 Co	untry			Per	is co poration rson al Propert	у Тах.			Ye:		\$ZNo
	9. Name and Addit	ess of Current Reg	istered Agent		ļ.,	,		10. Na	me and Addi	ess of Ne	w Regist	ere <u>1</u>	Agent		
DDC3	MANT HERREDT				81	Na	ime								
406)	ANT, HERBERT KANADU PL					Str	eet Ad:	Address (P.O. Box Number is Not Acceptable)							
JUPN	TER FL 33477				83										J
					84	Cit	ty					FL	85	Zip C	ode
office or re	to the provisions of Sec egistered agent, or both in familiar with, and acc	 in the State of Flo. 	rida. Such change w	as ∷uthorize	d by	the o	med cor corpora	rporation su tion's board	bmits this stat of cirectors.	ement for hereby ac	the purpo cept the	se of appoi	changi intment	ng its as rec	r egistered g stered
SIGNATURE	Signature, typed or printed na n	e of registered agent and tit	e if applicable. (NOT : Registere	d Agen	nt signa	ature requi	red when reinsta	ating)		DA	TE _			
12.		OFFICERS AND DIF		13.					DITIONS/CHA	NGES TO	OFFICER	RS 41	ND DIR	ECTO	RS IN 12
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NAME	PREZANT, HERBER	रा		1.2 N	IAME										Ì
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14. There by 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 change for on an attachment with an address, with all other like empowered.

HERI3ERT PREZAHY7561-969-9660

CR2E034 (11/98)