**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90113 027 \*\*\*150.00

## 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

## DOCUMENT # FQ4246

Principal Place of Business Mailing Address	
825 NW 57TH CT FT LAUDERDALE FL 33309  825 NW 57TH CT FT LAUDERDALE FL 33309  DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualifed 08/11/1982	
The state of the s	Applied For
21 00 44 117 10	Not Applicable
E Continue Decised	Additional
22 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Required
	May Be
23 Trust Fund Contribution Added	d to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	₩No
24 25 29 30 Personal Property Tax. Yes	MO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
KOWALSKI, CHESTER	
1313 SE 2ND AVE.  82 Street Address (P.O. Box Number is Not Acceptable)	
PARTIES PARTIES AND	
DEERFIELD BCH. FL 33441	
84 City FL 85 Zig	o Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ts registered registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE VD Change	e
NAME DWORKIN, JERRY STREET ADDRESS 2017 SO. OCEAN DR. #502  DECEAS 1.3 STREET ADDRESS	
CITY-ST-ZIP HALLANDALE FL 1.4 CITY-ST-ZIP	
TITLE P DELETE 2.1 TITLE Change	e
NAME KOWALSKI, CHESTER J 22 NAME	
STREET ADDRESS 1313 SE 2ND AVE 2.3 STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BCH, FL 00000 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	e 🔲 Addition
NAME  MICHAE! KOWALSK!  STREET ADDRESS  CITY ST ZIP.  32 NAME  33 STREET ADDRESS  34 CITY-ST ZIP.	
CITY-ST-ZIP 13/12 SE AND BUE.	
	e 🔲 Addition
TITLE DEER FIELD BCh DELETE 4.1 TITLE	
NAME 33441 4.2 NAME	
NAME 33 44/ 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	
NAME         33 4/9/         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	e
NAME         33 44/1         4. 2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP	e 🗀 Addition

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ D€LETE

Daytime Phone #

Change

☐ Addition