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**PROFIT** CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF \$1A16

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600003540

1. Corporation Name

1, Corporation Name			:	1. CIA
GRAND COURT FACILITIES, INC., IX		E. Stall AHASSEE, ELORIDA		
			# 100 (100 ) (110 EULID (111) ###   ####   ####   ####   #####   #####   #####   #####   #####   #####   #####	
Principal Place of Business	Mailing Address			
2650 N MILITARY TR #350	2650 N MILITARY TR #350			
OCA RATON FL 33431	BOCA RATON FL 33431		DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualifed	
			07/12/1996	
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
]	26		65-0680262	Not Applicable
Suite, Apt. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired [ ]	\$8.75 Additional
	27		S. Servicence of Entholor Delines	Fee Required
City & State	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
	28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip Country	-	Country	This corporation owes the current year Ir	
25	[30	1	Persona' Property Tax 10. Name and Address of New Registered	[]Yes []No
9. Name and Address of Cur	rent wegistered Agent	81 Name	IU. Name and Address of New Registered	a regent
NATIONAL CORPORATE RESEARCE	CH, LTD., INC.			1/0
1406 HAYS ST #2		82 Street Add	lress (P.O. Box Number is Not Acceptable)	17"
TALLAHASSEE FL 32301		83		ſ,
		84 City	E1	85 Zip Code
4 December 1 Section 6076	0503 and 602 1509 Florido Statutos	the phone population	acoustic cultivate this et domant for the rurness of	-     of changing its registered
office or registered agent, or both, in the St	ate of Florida. Such change was auth-	orized by the corporate	poration submits this statement for the purpose clion's board of directors. Thereby accept the appo	pintment as registered
agent. I am familiar with, and accept the of	gations of Section 607.0505, Florida	a Statutes	4/20	190
SIGNATURE Signature, typed or printed name of registered	anear bot the if simicaha (NOTE Do.	gistered Agent signature /eq.im	et when registrom	(/
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TLE DP	[] DELETE	1 1 TeTLE		[ ] Change
AME RODIN, BERNARD M		12 NAME		
TREET ADDRESS 2650 N MILITARY TR #350		13 STREE   ADDRESS		
TY-ST-ZIP BOCA RATON FL 33431		14 CiTY-ST-Zić'		
TLE DC	[   DELETE	21 TITLE		[]Change []Addition
AME LUCIANI, JOHN		2.2 NAME	1 00002871 -05/11/99-1	0351579
REET ADDRESS 2650 N MILITARY TR #350		23 STREET ADDRESS	-05/11/99-:	-U1UU4U11
TY-ST-ZIP BOCA RATON FL 33431		2 4 CITY-ST-ZIP	***1650.U	0 ****150.00
rle <b>V</b>	É.) DECETÉ	31 TITLE	·	. Change [] Addition
AME LUCIANI, DORIAN		3.2 NAME	1	<b>)</b> ~\
REET ADDRESS 2650 N MILITARY TR #350		3.3 STREET ADORESS	4 V 10/	1
TY-ST-ZIP BOCA RATON FL 33431		3.4. CITY+ST+ZIP	/ <b>L</b> U	
LE S	[] DELETE	41 TITLE	111	[   Change   [   Addition
MARLOWE, KEITH		4 2 NAME	M	
REET ADDRESS 2650 N MILITARY TR #350	•	4 2 N. W.IL	1	
TY-ST-ZIP BOCA RATON FL 33431		4 3 STREET ADDRESS	1	
TLE T			1	
	[ DELETE	4.3 STREET ADDRESS	1	{   Change   [ ]   Addition
1 *	[   DELETE	4.3 STREET ADDRESS	1	{   Change   [ ] Add-tion
MERLINO, CATHERINE	[ DELETE	43 STREET ADDRESS 44 City-S1-ZiP 5 t TitE	1	{   Change   É   Addition
MERLINO, CATHERINE 2650 N MILITARY TR #350	[ DELEIE	4.3 STREET ADDRESS 4.4 Gity - ST-ZiP 5.1 TIFLE 5.2 NAME	1	{   Change   [ ] Addition
MERLINO, CATHERINE	[ DELETE	43 STREET ADDRESS 44 CITY-ST-ZiP 51 TITLE 52 NAME 53 STREET ADDRESS	1	{   Change   [   Addition

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.

63 STREET ADDRESS

SIGNATURE:

NAME

CITY-ST-ZIP