PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600004646

1. Corporation Name

## **FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90016 039 \*\*\*150.00

	APITAL COHP.							
Principal Plac	e of Business	Mailing Address				I (BOILD) LIE INIO OINI ENIU ODNI NON U		DIDIO DIN 1881
1800 NORTHER	RN BLVD. SUITE 101	1800 NORTHERN BLVD	. Suite 101					
ROSLYN NY 11570 ROSLYN NY 11570						DO NOT WRITE IN T	HIS SPACE	学》:
						3. Date Incorporated or Qualifed	IIIS SPACE	1384 ·
						09/10/1996		
2 Principal D	Place of Business	2a. Mailing Address				4. FEI Number	I Ap	plied For
	race of business	26 Walling Add 055				13-3802913		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75	
22	7, 500	27				5. Certifcate of Status Desired	Fee Re	equired
City & Stat	te .	City & State				6. Election Campaign Financing	\$5.00	May Be
23	•	28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		ļ.,		10. Name and Address of New Registe	ed Agent	
				81	Name			
	CORPORATION SYSTEM			82	Street Add	ress (P.O. Box Number is Not Acceptable)	•	,
	SOUTH PINE ISLAND ROAD							
PLA	ntation FL 33324			83				, i
				84	City		es Zin (	Code
				**	City		FL   85   215 \	_
SIGNATURE	Signature typed or printed name of registered at	gent and title if applicable.	NOTE: Registere	negA b	it signature require	ed when reinstating) DATI		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (!AND DIRECTORS	NOTE: Registered	<u> </u>		ed when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
	Signature, typed or printed name of registered ag	,	13.					
12.	Signature, typed or printed name of registered as OFFICERS A	AND DIRECTORS	13.				AND DIRECTO	
<b>12.</b> ТпLE	Signature, typed or printed name of registered as OFFICERS A P UMANSKY, PAUL J 76 ATKINSON RD	AND DIRECTORS	13. 1.1 TI 1.2 N	ITLE IAME			AND DIRECTO	
12. TITLE NAME	P UMANSKY, PAUL J 76 ATKINSON RD ROCKVILLE CENTRE NY 115	AND DIRECTORS  DELETE	13. E 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET	it signature require		AND DIRECTO	Addition
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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, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

GNING OFFICER OR DIRECTOR