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 # F9700001279

1. Corporation Name

officer or director of the Block 12 or Block 13	he corporation	n or the re	ceiver or	trustee en	npowered to	execute this re
SIGNATURE:				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CF	5.13
	SIGNATURE	AND TYPED	OR PRINTE	D NAME OF S	SIGNING OFFICE	ER OR DIRECTOR

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90062 041 ***150.00

1ST TEE	CORP.								
Principal Place	e of Business	e of Business Mailing Address				((EE((EE ())) (SE)) SE()) SE()) SE()) SE()		14811 141	
101 RICHARDS	ON STREET	101 RICHARDSON STREET							
Brooklyn ny	OOKLYN NY 11211 BROOKLYN NY 11211		DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed	IO OI AUL	<u> </u>	
						03/13/1997			
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number		Appl	ied For
21	idee of Busiless	26				11-3418870			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.		ditional
22	7.1	27			5. Certifcate of Status Desired	Fe	e Req	uired	
City & State	e	City & State				6. Election Campaign Financing	\$5	.00 M	ay Be
23		28				Trust Fund Contribution	Ad	ded to	Fees
Zip	Country	Zip				8. This corporation owes the current year	Intangible		_/
24	25		30			Personal Property Tax.	☐ Yes		No
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Registere	d Agent		
				81	Name				
	DLER, HENRY B ESQ			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	SS & HANDLER, P.A.								
	GLADES RD., SUITE 218A			83					
BOC	A RATON FL 33431			84	City		. 85	Zip Co	de
					•	F	L	•	
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was autions of, Section 607.0505, Flori	thorized da Statu	by t	he corporation	ration submits this statement for the purpose n's board of directors. I hereby accept the appropriate the purpose of the purpo	ointment :	as regi:	stered
40	Signature, typed or printed name of registered agent		13.	Agent	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTOR	S IN 12
12.	OFFICERS AND	DELETE	1.1 TIT	1 F	···	ADDITIONS/CHANGES TO OTTICERS	☐ Cha		Addition
TITLE	PC	DELETE	1.2 NA						_
NAME	DOLGIN, KALMON		1		ADDRESS				
STREET ADDRESS	101 RICHARDSON STREET		1						
CITY-ST-ZIP	=			1.4 CITY-ST-ZIP 2.1 TITLE			☐ Cha	inge	Addition
TITLE	5 51			2.2 NAME			_		_
NAME	DOLGIN, NEIL				ADDRESS				
STREET ADDRESS	101 RICHARDSON STREET		2.4 CF						
CITY-ST-ZIP	BROOKLYN NY 11211 VCV	☐ DELETE	3.1 TIT	_	1-211	· · ·	☐ Chá	ınge	Addition
			3.2 NA						
NAME STREET ADDRESS	SLAVIN, DONALD 21225 BELLE CHASSE COURT				ADDRESS				
	BOCA RATON FL 33433		3.4. CIT		i				
CITY-ST-ZIP TITLE	BOOK NATOR TE 33433	□ DELETE	4 1 TIT				Cha	inge	Addition
NAME		_	4. 2 NA	ME		1			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP									
			- 1		-ZIP				,
111111111111111111111111111111111111111		☐ DELETE	4.4 CIT 5.1 TIT	Y-ST	-ZIP		Cha	inge	Addition
TITLE NAME		☐ DELETE	4.4 CiT	Y-ST LE	-ZIP		Cha	inge	Addition
NAME STREET ADDRESS		☐ DELETE	4.4 CIT 5.1 TIT 5.2 NA	Y-ST LE ME	-ZIP ADDRESS		☐ Cha	inge	Addition
NAME STREET ADDRESS		☐ DELETE	4.4 CIT 5.1 TIT 5.2 NA	Y-ST LE ME REET	ADDRESS		☐ Cha	ange	Addition
NAME		☐ DELETE	5.1 TIT 5.2 NA 5.3 STE	Y-ST LE ME REET Y-ST	ADDRESS		☐ Cha		Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP			4.4 C/T 5.1 T/T 5.2 NA/ 5.3 ST/F 5.4 C/T	Y-ST LE ME REET Y-ST LE	ADDRESS		_		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			4.4 CIT 5.1 TIT 5.2 NAI 5.3 STF 5.4 CIT 6.1 TIT 6.2 NAI	Y-ST LE ME REET Y-ST LE ME	ADDRESS		_		

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 attractory with an address, with all other like empowered.