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

OCUMENT # F97000001740 Corporation Name

IVERSEN & BIONDO ASSOCIATES, INC.

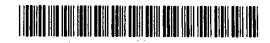
Principal Place of Business

Mailing Address

118-35 QUEENS BLVD. FOREST HILLS NY 11375 118-35 QUEENS BLVD. FOREST HILLS NY 11375

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90018 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

04/04/1997

2	Dringing	Principal Place of Business 2a. Mailing Address				010111001		
	Filiticipal	reace of Business	2a. Mailing Address			4. FEI Number	L A	pplied For
21	<u> </u>	26				<u>11-2749618</u>		lot Applicable
şr.	Suite, Ar	pt. #, etc. Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certificate of Status Desired		Required
	City & St	ity & State City & State				1 () () () () ()		· · · · · · · · · · · · · · · · · · ·
						6. Election Campaign Financing	\$5.00	May Be
23	1111	28				Trust Fund Contribution	Added	to Fees
	ZiP.	Country Zip Cou				8. This corporation owes the current year le	ntangible	/
241	地道中	25 29 30				Personal Property Tax.	☐Yes	™No
. 113		9. Name and Address of Current Registered Agent		,		10. Name and Address of New Registered		
1	1115					, No. 11ame and Address of their Registerer	A Agent ;	
: 11	RΔ	BARBAKOFF, MARC			Name		4	
	PARO ME MIAMI CADDENC DD			82	Street Add	dress (P.O. Box Number is Not Acceptable)	-	
	2430 NE MIAMI GARDENS DR.							
W.	⊮ ST	STE. 100				5 3 3 4 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7 10 17	
3	MI	MIAMI FL 33180-2717					一,一点类	
11.1	•	,		84	City		85 Zip	Code
					,	FI	_ 00 =,5	
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 its registered								
fright 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 registered.								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
- (Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent	signature requir	red when reinstating) . DATE		
12.		OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
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∰.ļ	1	certify that the information supplied with		0.7 3111-31				

indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informati 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 for on an attachment with an address, with all other like empowered.