**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000002653

Suite, Apt. #, etc.

City & State

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Zip

Principal Place of Business	Mailing Address
455 COMMONWEALTH AVE	1455 COMMONWEALTH AVE
RIGHTON MA 02135	BRIGHTON MA 02135

Suite, Apt. #, etc.

City & State

Zip

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29 9. Name and Address of Current Registered Agent

Country

## KULIN, PETER A 4001 S. OCEAN BLVD HIGHLAND BEACH FL 33487

## **FILED** Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90006 032 \*\*\*150.00



	DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed 05/11/1998						
7	4. FEI Number			Applied For			
	04-3362290			lot Applicable			
	5. Certifcate of Status Desired		\$8.75 Additional Fee Required				
	Election Campaign Financing Trust Fund Contribution			May Be do to Fees			
	This corporation owes the curre Personal Property Tax.	ent year	Intangible	ŒNo.			
_	40 Di 4 Address of More C	lagistar	d Acent				

	1 Clocker 1 10 porty 1 min						
10. Name and Address of New Registered Agent							
81	Name						
82	Street Address (P.O. Box Number is Not Acceptable)						
83	· 人名马克斯克斯 建基础基础						
84	City FL 85 Zip 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 its registered 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.

Country

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ago	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature requir	red when reinstating) DATE		
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
12.	PD DELETE	1.1 TITLE	4 7 7	☐ Change	☐ Addition
	KULIN, PETER A	1.2 NAME			
NAME STREET ADDRESS	4001 S. OCEAN BLVD	1,3 STREET ADDRESS			
	HIGHLAND BEACH FL 33487	1.4 CITY-ST-ZIP	·	<u>.</u>	
CITY-ST-ZIP TITLE	TD DELETE	2.1 TITLE		Change	☐ Addition
	KULIN, LINDA D	2.2 NAME			
NAME	20117 HARRON VALLEY WAY	2.3 STREET ADDRESS		•	
STREET ADDRESS	GAITHERSBURG MD 20879	2. 4 CITY-ST-ZIP	<u>.</u>	<u></u>	
CITY-ST-ZIP	DELETE	3.1 TITLE		☐ Change	Addition \
		3.2 NAME			ļ
NAME		3.3 STREET ADDRESS	grand and the second		3 77 1 541
STREET ADDRESS		3.4. CITY+ST-ZIP		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE		* Change	Addition
		4, 2 NAME			
NAME		4.3 STREET ADDRESS			
STREET ADDRESS		4.4 CITY-ST-ZIP	<u></u>		
CITY-ST-ZIP TITLE	☐ DELĘTE	5.1 TITLE		☐ Change	☐ Addition
		5.2 NAME			
NAME STREET ADDRESS		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY-ST-ZIP	·		<u> </u>
CITY-ST-ZIP TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
	_	6.2 NAME	· ,		
NAME		6.3 STREET ADDRESS			
STREET ADDRESS		6.4 CITY-ST-ZIP		·	
CITY-ST-ZIP			a 440 07/03/13 Flacide Ctatuton I further no	-tife that the	information

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: