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 # F98000003983

Principal Place of Business	Mailing Address
150 E. PALMETTO PARK RD. 4TH FL BOCA RATON FL 33432	150 E. PALMETTO PARK RD. 4TH FL BOCA RATON FL 33432
2. Principal Place of Business	2a. Mailing Address
04	26
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.

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

02-16-1999 90023 008 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/22/1998 4. FEI Number Applied For Not Applicable <u>13-3103918</u> \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing П Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible □No Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAMASSEE FL 32301-2525 83 Zip Code 84 City 85 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ Change DELETE 1.1 TITLE 1.2 NAME MANDOR, LEONARD 150 E. PALMETTO PARK RD, 4TH FL 1.3 STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 2.2 NAME NAME OTTO, JOSEPH 150 E. PALMETTO PARK RD, 4TH FL 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2.4 CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME . 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

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 adachment with an address, with all other like empowered.

SIGNATURE:

eonard Mandor 1/18/99

CR2E034 (11/98