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Mailing Address

8211 W BROWARD BLVD

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G02845

Principal Place of Business

8211 W BROWARD BLVD

WAYNE A. SCHREBE & ASSOCIATES, INC.

SUITE 375	1 92224	DIAN	: 375 TATION FL 33324			DO NOT W	RITE IN THIS SPA	ACE	
PLANTATION FL 33324 US			US			3. Date Incorporated or Qualifed			
•		•-				10/04/1982			
2 Dringing D	lace of Business	2a M	failing Address			4. FEI Number	-:	Ann	lied For
	lace of Business	<u></u> —	lating Addices				•		Applicable
21		26			 	74-1927635		88.75 A	
Suite, Apt.	#, etc.	_	uite, Apt. #, etc.			5. Certifcate of Status Desired	· •	Fee Rec	
22		27							
City & State	te	_	ity & State			6. Election Campaign Financin	⁹ 🗆	\$5.00	
23		28				Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	z	ip	Coun	try	8. This corporation owes the c			_
24	25	29		30		Personal Property Tax.			□No
	9. Name and Address of Curre		red Agent		₇	10. Name and Address of Nev	Registered Age	nt	*
_				[81 Name				
, KLIS	STON, TODD W.	ramin is exist.		-	82 Street	Address (P.O. Box Number is Not Acce	ntable)		v-ac
8211	I'W. BROWARD BLVD, SUITE 20	00 % 11% 0	•		Jueer,	Address (F.O. DOX redinder is redi Acce	plable)		
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		-		- ₽	84 City	1. 电电子电流 1. 克里尔斯 电影 1. 电	E1 8	5 Zip C	ode 1
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.	.1508, Florida Statu Such change was a	tes, the ab authorized	ove-named - by the como	corporation submits this statement for the oration's board of directors. I hereby according to the control of t	ne purpose or cha sept the appointment	nging its i ent as red	istered
10.17 agent. I a	im familiar with, and accept the oblig	ations of, S	ection 607.0505, Flo	orida Statu	les.			_	
SIGNATURE		1.5				•	•		
SIGNATURE									
	Signature, typed or printed name of registered age	ent and title if ap	plicable. (NOTE	: Registered A	gent signature re	equired when reinstating)	DATE		
12.	Signature, typed or printed name of registered age OFFICERS A		<u> </u>	E: Registered A	igent signature re	equired when reinstating) 1 ADDITIONS/CHANGES TO C		DIRECTOR	RS IN 12
12.			<u> </u>			ADDITIONS/CHANGES TO C	FFICERS AND D	DIRECTOR	RS IN 12
	OFFICERS AI		TORS	13.	.E		FFICERS AND D		
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TITLE NAMÉ STREET ADDRESS	OFFICERS AT DP SCHREBE, WAYNE A 2750 NE 57 CT.		TORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E ME EET ADDRESS	ADDITIONS/CHANGES TO C	FFICERS AND D		
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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 of 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 charged, or on an adacting in the property of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of

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Feb 06, 1999 8:00am

Secretary of State

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