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

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90030 013 ***150.00

Mailing Address	
133 SEVILLA AVE. CORAL GABLES FL 33134	•
2a. Mailing Address	
26	
Suite, Apt. #, etc.	
27	
City & State	
28	
— — — —	Country
ent Registered Agent	81
	"
	82
	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State

	f 1884lit Batt Sarát 1844 santa traut tear arant a		(4:41) 81811 8:511 1841
		٠,	
	DO NOT WRITE IN THIS	SPAC	E
	3. Date Incorporated or Qualifed		
	11/18/1982		
	4. FEI Number		Applied For
	59-2234836		Not Applicable
	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	This corporation owes the current year Interpretation Personal Property Tax.	angible Ye	
	10. Name and Address of New Registered	Agent	
Name			
Street Add	lress (P.O. Box Number is Not Acceptable)		
			<u></u>
City	FL	85	Zip Code
named cor he corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changi ntment	ing its registered as registered
sionature requir	red when reinstating) DATE		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co

office or re agent. I as	egistered agent, or both, in the State of Florida. Such change was auth π familiar with, and accept the obligations of, Section 607.0505, Florida	orized by the corpor a Statutes.	ation's board of directors, I hereby accept	ute appointment as reg	stered				
SIGNATURE Signature, twoed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ONTE									
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD DELETE	1.1 TITLE		☐ Change	Addition				
NAME	ROLLNICK, NEIL S. ESQ.	1.2 NAME		,					
STREET ADDRESS	133 SEVILLA AVE.	1.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP							
TITLE	VD DELETE	2.1 TITLE		Change	☐ Addition				
NAME	LINDEN, NEIL P.	2.2 NAME							
STREET ADDRESS	133 SEVILLA AVE.	2.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL GABLES FL	2. 4 CITY-ST-ZIP	·						
TITLE	DELETE	3.1 TITLE		☐ Change	☐ Addition				
NAME.	- * -	3.2 NAME							
STREET ADDRESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition				
NAME	,	4.2 NAME							
STREET ADDRESS		4.3 STREET ADDRESS							
CITY-ST-ZIP		4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition				
NAME	•	5.2 NAME		<i>:</i>					
STREET ADDRESS	* ·	5.3 STREET ADDRESS							
CITY-ST-ZIP		5.4 CITY-ST-ZIP							
TITLE	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition				
NAME		6.2 NAME							
STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP		6.4 CITY-ST-ZIP							
14. I hereby o	ertify that the information supplied with this filing does not qualify for the	e exemption stated	n Section 119,07(3)(i), Florida Statutes. I f	urther certify that the in	formation				

Indicated on this annual report or supplied with this limit does not quality for it exemption stated in Section 113.07(3)(f). I foliate states in the Control of the composition of the receiver or trustee and courage 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 chapted, or on an attachment with an address, with all other like empowered.