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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90032 041 ***158.75

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G11641

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Principal Plac	e of Business	Mailing Address			·		113 0 10 01 11 0 1 0101		
363 ATLANTIC BLVD P.O. DRAWER 1929									
SUITE #3 DELRAY BEACH FL 33447-									
ATLANTIC BEA	CH FL 32233	US ·					WRITE IN TH	S SPACE	
บร						3. Date Incorporated or Qual	ifed		
						12/03/1982			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Apı	plied For
21		26				59-2240282			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			•	5. Certifcate of Status Desire	d 🗆	\$8.75 A	
22	· · · · · · · · · · · · · · · · · · ·	27						Fee Re	<u> </u>
City & Stat	te	City & State				6. Election Campaign Finance	^{:ing} . □	\$5.00	
23	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the	current year l		_i.
24	25		30			Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		81	NI	10. Name and Address of N	ew Registere	d Agent	
FED	BER, PAUL S	•		°'	Name				
	ATLANTIC BLVD		Ī	82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
SUITE 33				7 1 2 4 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Transfer and Arthur	organista (SA)	
	ANTIC BEACH FL 32233		1						
				84	City	*** *** * * * * * * * * * * * * * * *		85 Zip C	ode
222 - 22- 2- 15-22		1007.4500 51-24-01-14-	1 - 41		<u> </u>	E	[]	L	
11. Pursuant	to the provisions of Sections 607.0502	: and 607. 1506, Florida Statute of Florida, Suich change was au	s, ine ac	by th	nameo corpo	n's board of directors. I bereby a	ccent the agn	nintment as rec	nietered
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agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	ions of, Section 607.0505, Flori	ida Statu	ites.	ne corporation	it's board or directors. Thereby a			giatored
agent. I a							٠.		giatored
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered			when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:) DIRECTORS	Registered /	Agent si		when reinstating) ADDITIONS/CHANGES TO	DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered /	Agent si		when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD FERBER, PAUL S.	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 T/T/ 1.2 NA	Agent si	signature required	when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD FERBER, PAUL S. 363 ATLANTIC BLVD, SUITE #3	and title if applicable. (NOTE: D DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF	Agent si LE ME REET AL	DDRESS	when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 12
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 14. I hereby certify that the information surindicated on this annual report or supportion of the corporation of Block 12 or Block 13 if changed, or on h this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 iver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP

(904) 247-2814