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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G35229

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90045 030 ***150.00

1. Corporation	n Name	COULE			<u> </u>		e.				
		IES, INC.									
									O 11212 1211 01011	RAND BIRTH BIRTH	01811 A1311 (A31)
Principal Place	e of Busines	 SS	Ma	ailing Address			•	1 1981(1) 9090 1(101 611(6 1141	a 14840 1811 a 1818	A 1831 OLGIN GAGA	#1911 B/B 1991
5540 N.W. 58TH TERRACE 5540 N.W. 58TH TERRACE											
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067							DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualif		SPACE	
								04/21/1983	Cu		
Principal Place of Business 2a. Mailing Address								4. FEI Number		T A	oplied For
21	lace of Dusi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		26				1 T		ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					rn rn	\$8.75	Additional
22			27					5. Certificate of Status Desired		Fee R	equired
City & Stat	te	_		City & State				6. Election Campaign Financi	ng 🗆	\$5.00	May Be
23			28	_				Trust Fund Contribution			to Fees
Zip		Country		Zip		untry		8. This corporation owes the o	current year In		
24		25	29		30			Personal Property Tax.		Yes	□No
	9. Name	and Address of Cur	rent Regis	tered Agent		81	Name -	10. Name and Address of Ne	w Registered	Agent	
TAM	ER VAKO	IR					3				
TAMER, YAKOUB 5540 N.W. 58TH TERRACE					82 Street Addr			ss (P.O. Box Number is Not Acc	eptable)		
		GS FL 33067				83		<u> </u>			
	V. C. V. V.										
		-				84	City		Fl	85 Zip	Code
_11, Pursuant	to the grovi	sions of Sections 6072	502 apg 6	u7.1508, Florida S	tatutes_the	above-	-named corpor	ration submits this statement for 's board of directors. I hereby ac	the purpose o	f changing it	registered
office or a	registored a	gent or both, in the Sta	te of Florid	da. Such change v	vas authorize	ed by t	ne corporation	i's board of directors. I hereby ac	cept the appo	intment as re	gistered
				Section but usua	P forida Sta	itutés.					1
		vitor, and accept the out	2	Section 607.050	Florida Sta	itutes.	,				ĺ
SIGNATURE		- 1//			<i></i>		signature required	when reinstating)	DATE		
	Signature, type	- 1//	agent and title	if applicable.	(NOTE: Registere	ed Agent			DATE	ND DIRECT	ORS IN 12
SIGNATURE	Signature, type	d or printed aline of registered OFFICERS	agent and title	if applicable.	(NOTE: Registere 13.	ed Agent		when reinstating)	DATE		
SIGNATURE	P TAMER,	OFFICERS YAKOUB	agent and title	if applicable.	(NOTE: Registere 13. [E 1.1]	ed Agent TITLE NAME	signature required	when reinstating)	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	P TAMER, 5540 N.V	OFFICERS YAKOUB V. 58TH TERRACE	agent and title	if applicable.	(NOTE: Registere 13. FE 1.11 1.2. No. 1.3.5	ed Agent TITLE NAME STREET	signature required	when reinstating)	DATE	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMER, 5540 N.V	OFFICERS YAKOUB	agent and title	if applicable.	(NOTE: Registere 13. FE 1.11 1.2 h	ed Agent TITLE NAME STREET	signature required	when reinstating)	DATE	ND DIRECTI ☐ Change	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	P TAMER, 5540 N.V CORAL S	OFFICERS YAKOUB V. 58TH TERRACE	agent and title	if applicable. ECTORS ELET	(NOTE: Registers 13. 15. 1.11 1.2 1.2 1.3 1.4 (1.2 1.1 1.2 1.2 1.1 1.2 1.3 1.4 (1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.1 1.2 1.2	ed Agent TITLE NAME STREET / TITLE NAME STREET / CITY-ST TITLE NAME	ADDRESS -ZIP ADDRESS	when reinstating)	DATE	ND DIRECT ☐ Change	DRS IN 12 Addition
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14. I hereby certify that the information supplied with this filling 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 supplier/ental 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 of 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 or an affactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND APPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #