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 # G42410

D.R.S. PUBLICATIONS INC.

N. Caracter and	DI	-1	Duningan
rincipal	Place	OΊ	Business

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90124 014 ***150.00



Principal Place	of Business	Mailing Address			
611 ATLANTIC BLVD FXT POMBANO BEACH FL 33069		611 ATLANTIC BLVD. EXT.			
		ROMPANO BEACH FL 33069		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualifed	118 81 7.62
				, ·	
				06/07/1983	Analized Cor
2. Principal Pl	ace of Business	2a. Mailing Address	14 Naa	4. FEI Number	Applied For
21 1571	SW 13TH DRIW	26 1571 SW 13	M Daive	59-2332868	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired -	\$8.75 Additional Fee Required
City & State		City & State	-	6. Election Campaign Financing	\$5.00 May Be
23 B-C	. //	28 BOLA RATE		Trust Fund Contribution	Added to Fees
Zip	Country	Zip 29 33486 30	Country 0 P. 3.	 This corporation owes the current year Personal Property Tax. 	· Intangible ☐ Yes ☐ No
24 33 Y	86 25 12. 13		v 7.3.	10, Name and Address of New Register	ed Agent
	9. Name and Address of Curren	t Registered Agent	81 Name	10, Name and Address of Non-Rogiston	
CAIV	DED CERMIN M		Italiie		
	DER, GERALD M.		82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	1
	ATLANTIG-BLVD. EXT.		/57	11 SW 13TH DRIVE	
. POM	PANO BEACH EL 33069		83		
3			84 City 72		85 Zip Code
Ž.	()				-L 33486
44 Dureuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statutes	the charge parad or	orneration cultimite this statement for the purpose	e of changing its registered
office or r				ration's board of directors. I hereby accept the ap	ppointment as registered
agent. I a	m familiar with, and accept the bliga	tions of, Section 607.0505, Florid	ia Statutes.	Viniaga 1	L 49
SIGNATURE	Signature, typed or printed name of registered age	and title if applicable (NOTE: R	egistered Agent signature req	juired when reinstating) DATE	P 1.1
40		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
			1.2 NAME		
NAME :	SNYDER, GERALD M.		1.3 STREET ADDRESS		İ
STREET ADDRESS	1571 SW 13TH DR.				İ
CITY-ST-ZIP	BOCA RATON FL	Proces	1.4 CITY+ST-ZIP	A STATE OF THE STA	☐ Change ☐ Addition
TITLE	VPS	DELETE	2.1 TITLE		
NAME	Snyder, Linda R.		2.2 NAME		
STREET ADDRESS	1571 SW 13TH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	*	
TITLE		☐ DELETE	3.1 TITLE	VPSD	Change Addition
NAME			3.2 NAME	S.WACO CARVN	
			3.3 STREET ADDRESS	SNY CALL	ţ
STREET ADDRESS			3.4. CITY+ST-ZIP	1571 JW 151- DILLOC	2496
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	SNYDER, CARYN 1571 SW 13Th Drive BOCA RATION FC 3	Change Addition
TITLE		_ 5225.3	4. 2 NAME		
NAME			1		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE		C 2
NAME			5.2 NAME	•	
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		
1			6.3 STREET ADDRESS		•
STREET ADDRESS			6.4 CITY-ST-ZIP	•	
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 control or the reviewer 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 attachment with an address, with all other like empowered.

SIGNATURE: