## 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

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90153 032 \*\*\*150.00

DOCUI 1. Corporation CARTAG					
Principal Place	e of Business	Mailing Address		וושוס וגעו נפועה הוועה וושות שנוסג ושעש נוונעשו ז	i diare bibit deart gjøjj gjøjj
1540 E. COMMI	± = =	4540-E: COMMERCIAL BLVD:	. ^		
FT. LAUDERDALE PL 3939E /) A/ PT. LAUDERDALE FL/33334 7			Tarkury		
300 Diplomat Parkury 300 Diploma		_ 1003,000	DO NOT WRITE IN THI	IS SPACE	
Dute #313		٠- اسل ۱-	3. Date Incorporated or Qualifed		
HCelandelly, FL 33009  HALLANDALI  2. Principal Place of Business  2a. Mailing Address			E, FL3300		A=-#
	100 + 0 U	2a, Mailing Address 26 300 DIPLOMA	at PARWAY	4. FEI Number 59-2350555	Applied For
21 300 F Suite, Apt.	Hotel Rusy	26 300 \(\Delta 1 \cdot Lom 1\) Suite, Apt, #, etc.	41 IMAWAY		Not Applicable \$8.75 Additional
22 315		27 Suite 315		5. Certificate of Status Desired	Fee Required
City & State	ANDALE, FL	City & State  28 HALLAN DALE	, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24 3300°		29 33009 31	BROWNE	Personal Property Tax.	☐ Yes ZMo
	9. Name and Address of Current	Registered Agent	04 Name	10. Name and Address of New Registere	d Agent
COUF, ROBERT M					
1540 F_COMERCIAL BLVD   82   Street Address				Address (P.O. Box Nurober is Not Acceptable)	7
	AUDERDALE FL 33334	Diplomat Parkey			
	TOPE I E GOOT	· .	83 Sunt	t 315	
	·		84 City HAL	LANDE, F	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose	of changing its registered
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida, Such change was authons of, Section 607,0505, Florid	a Statutes.	pration's board of directors. I hereby accept the app	/ / a
SIGNATURE	Robert Micouf, Pr	RESIDENT	14 M	Cay .	4/15/99
	Signature, typed or printed name of registered agent	<del></del>	gistered Agent signature re		NID DIDECTORS IN 42
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	COUF, ROBERT M	T Dereit			_ , _ ,
NAME	1540 E. COMMERCIAL BLVD.		1.2 NAME 1.3 STREET ADDRESS	300 Diplomet Parkung, 5 HALLANDALE, FL 33	Bunte 215
STREET ADDRESS	FT-LAUDERDALE FL-33334		1.3 STREET ADDRESS	HALLANDOLE FL 3:	3009
TITLE	T PAODENDACE PE 33334	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	HULLING AND 1 1 10 22	☐ Change ☐ Addition
		C Perrie	2.2 NAME		
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STREET ADDRESS			2.4 CITY-ST-ZIP		_ :
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. CITY-ST-ZIP			3.4, CfTY-ST-ZiP		
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CITY+ST-ZIP			4.4 CITY-ST-ZIP		,
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NAME			52 NAME		
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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 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 changed or on an attachment with an)address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

ΠπLE

NAME

STREET ADDRESS