G FEE AFTER	MAY 1ST IS \$550.00
CHE SUC	FLORIDA DEPARTMENT OF STATE
	Katherine Harris
	IG FEE AFTER

1999

Secretary of State DIVISION OF CORPORATIONS

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DOCU	MENT # G86107				
I. Corporation	II Haille			1.41	MIE
J ALAN J.	POLIN, P.A.			TALLALASSEE, FL	.ORIDA
				E FARIFIE BERE 16 IN OLEUS HOLD BOUGH FRAN OLD I	0 0 0 0 0 0 0 0 0
Principal Place	e of Business	Mailing Address		4 1923111 9551 (0116 8116) 11611 93111 (021 814)	i Diāli Ginii Stāli diāli niāli (AD)
3300 UNIVERSI		3300 University Dr			
CORAL SPGS I	FL 33065	CORAL SPGS FL 33065 US		DO NOT WEITE IN THE	0.004.05
03		US		DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE
				02/23/1984	
2, Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2382200	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired []	\$8.75 Additional
22		27		5. Certicale di Status Desireo (1	Fee Required
City & Stat	e	City & State		6, Election Campaign Financing	\$5.00 May Be
23		28	Ä	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year to	_=.
24	25 9. Name and Address of Current	29 3	וַטּ	Personal Property Tax 10. Name and Address of New Registere	KiYes [No
	g, isamo ena zaoress di content	Lean and Light	B1 Name	10. Home and Montess of Heat Madisters.	a rigent
	in, alan j.			1 40 6 B. M. L. C.	
) University Dr		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	E 601		83		j
COR	IAL SPRINGS 33065				Tagl State
			84 City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above named cor	poration submits this statement for the purpose of	of changing its registered
agent la	egistered agent, or both, in the State o m familiar with, and accept the obligation	r Florida. Such change was aut ons of, Section 607.0505, Florid	norized by the corporat la Statutes	tion's board of directors. Thereby accept the appr	ointriient as registered
SIGNATURE	·				
<u></u>	Signature, typed or printed name of registered agent		cjistered Agent signatire ine pii		
12. TITLE	OFFICERS AND	DIRECTORS [] DELETE	13., 11 Title	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12 [Change [Addition
NAME	POLIN, ALAN J.	L. i Dece ie	12 NAME		(Tona ige FAconon
STREET ADDRESS	3300 UNIVERSITY DRIVE STE 6	01	13 STREET ADORESS		
CITY-ST-ZIP	CORAL SPRINGS FL	VI	14 City - \$1-7iP		
TITLE		Eldetere	21 TIFLE		[Change [] Addition
NAME			22 NAME	000002879 -05/11/99-	03205
STREET ADDRESS			. 23 STREET ADORESS	-05/11/99-	-01004007
CITY-ST-ZIP			2.4 C/TY-51-7/P	****150.0	0 ****150.00
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NAME			3.7 NAME		
STREET ADDRESS			3.3 STREET ANORESS		
CITY-ST-ZIP		ener og er en grøn er grøn er	34 CITY ST-ZIP		
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NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADORESS		
CITY-\$1-ZIP		[] DELETE	4.4 CHY-S1-ZFI 5.1 THLE		[Change [Addition
TITLE		LJ DELETE	51 THE 52 NAME		[] Change [] Multilon [
NAME PTDEST ADODGES			53 STREET ADDRESS		
STREET ADORESS			54 OTY-S1-ZiP	_	
CNY-ST-ZIP TITLE		[]] DELETE	61TITLE		[Change
NAME			6.7 NAME	$C \setminus VC \setminus$	
STREET ADDRESS			63 STREET ADDRESS	(25)	ł
CITY-ST-ZIP			64 CITY-ST-ZIP	$\mathcal{N}(\mathcal{F})$	
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 2.19 (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 fire 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 changes, or on an attachment with an address, with all other like empowered.

(954) 755-3408