FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90175 038 ***150.00

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

1. Corporation	MENI # G9567 ()					
•	IMITED CORPORATION	·		.			
Principal Place	e of Business	Mailing Address			T 1991(1) aním Inimi mistr misir il	TAIL BAIT BIBU AIBIL BIDII ATAI	ı bişir bib)i 190)
401 N.W. 6TH STREET 401 N.W. 6TH STREET						•	
FT. LAUDERDALE FL 33311-7345 FT. LAUDERDALE FL 33311-7345			7345		DO NOT WR	ITE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
•					04/11/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	⊢	Applied For
21		26			<u>59-2635732</u>		lot Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	1 1 7 7	Additional Required
22 City & Stat		City & State			6. Election Campaign Financing	<u> </u>	May Be
23	C	28		[]	Trust Fund Contribution	1 1	to Fees
Zip	Country	Zip	Country		B. This corporation owes the cur	тепt year Intangible	(i
24	25	29	30		Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Registered Agent	81 Na		0. Name and Address of New	Registered Agent	
·				ame			
GAMBA, JOHN C. 2504 N.W. 98TH LANE			82 St	reet Address	(P.O. Box Number is Not Accept	(able)	
CORAL SPRINGS FL			83				-
	DE 0, 101400 1 E						
-	• .	•	84 Ci	ty		FL 85 Zip	Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statutes	the above-nar	med corporati	ion submits this statement for the	purpose of changing is	ts registered
office or o	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was aut	horized by the d	corporation's	board of directors. I hereby acce	pt the appointment as i	registeréd
-	m familiar with, and accept the cong.	ations of, occiton do 1.0000, 1 lone	au otototo.				ţ
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOTE: R	Registered Agent sign	ature required whe		DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FFICERS AND DIRECT ☐ Change	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Criange	Addition
NAMÉ	GAMBA, JOHN		1.2 NAME			•	
STREET ADDRESS	2504 N.W. 98TH LANE		1.3 STREET ADD	RESS			{
CITY-ST-ZIP	CORAL SPRINGS FL	□ DELETE	1.4 CITY- ST-ZIP 2.1 TITLE			Change	Addition
NAME	_		2.2 NAME				
STREET ADDRESS	OF A ALM DOTAL ALIF		2.3 STREET ADDI	RESS			ļ
CITY-ST-ZIP			2.4 CITY-ST-ZIP				ļ
TITLE	OUT IL OF THIT GO FE	☐ DELETE	3.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDI	RESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e Addition
NAME			4.2 NAME	1	•		
STREET ADDRESS			4.3 STREET ADD	RESS			Ĭ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		e
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		·	☐ Change	, Madition
NAME			5.2 NAME 5.3 STREET ADDI	BESS			
STREET ADDRESS	,		5.4 GITY-ST-ZIP	11200			
CITY-ST-ZIP		□ DELETE	6.1 TITLE			Change	Addition

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 an an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE