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

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90022 046 ***150.00

1. Corporation	MENT # H10560 AT FIFTY, INC.						
Principal Place of Business Mailing Address					E INNIANI GIAL LINII GAIN MILLA GILLI GAIL A	1:0() UIDII WIDII BIDII 3	1811 81811 1881
2860 S.W. 85TH WAY 2860 S.W. 85TH WAY					,		
DAVIE FL 33328 DAVIE FL 33328					-		
					DO NOT WRITE IN T	THIS SPACE	
					3. Date Incorporated or Qualifed		
		Ta Marie Addess			07/13/1984 4. FEI Number	7-1-	-lind For
2. Principal Place of Business		2a. Mailing Address		59-2439655	<u> </u>	plied For Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		39 2439033	\$8.75 A	<u> </u>	
-				5. Certifcate of Status Desired	Fee Re		
27 27			6 Flection Campa		6. Election Campaign Financing		May.Be
		28		Trust Fund Contribution	Added to		
	Zip Country Zip		Country		8. This corporation owes the current year	r Intangible	
24	25 29		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	red Agent	
			81	Name			
EPSTEIN, RICHARD W.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
100 WEST CYPRESS CREEK ROAD							
SUITE 700			83				·
FI. i	AUDERDALE FL 33309		84	City			ode
			ļ	1		FL _	
office or r	egistered agent, or both, in the State on the manager of the obligation of the oblig	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	the corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as reg	registered
	Signature, typed or printed name of registered agen			t signature required	d when reinstating) DAT		DC IN 12
12,	OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	EPSTEIN, RICHARD W.	<u>-</u>				G	
NAME			1.2 NAME 1.3 STREE1	ADDDEDE			
STREET ADDRESS	DANIE EL CORGO		1)	·		
CITY-ST-ZIP			1.4 CITY-S' 2.1 TITLE	I-ZIP		☐ Change	Addition
TITLE			2.2 NAME		•		
NAME	2860 S.W. 85TH WAY		1	ADDDEED	•		
STREET ADDRESS			2.3 STREET		•		
CITY-ST-ZIP	DAVIE FL 33328 VP DELETE		2.4 CITY-S 3.1 TITLE	I-ZIP		Change	Addition
TITLE	FARKAS, DAVID		3.2 NAME			:= ===================================	=
NAME	2101 N E2DD AVENUE						
STREET ADDRESS	HOLLYWOOD FL		3.3 STREET	1			}
CITY-ST-ZIP	TIOLETWOOD IE	☐ DELETE	3.4. CITY-S 4.1 TITLE	1-217		Change	Addition
		2,0222,0	4. 2 NAME	ľ	÷ • •		_
NAME OTREET ARRESTS			4.3 STREET	r ADDDESS			İ
STREET ADDRESS			4.4 CITY-S	!			
CITY-ST-ZIP TITLE	 	☐ DELETE	5.1 TITLE	- CII		. Change	Addition
		<u></u>	5.2 NAME		· · · · · · · · · · · · · · · · · · ·	•	_
NAME PERSET ADDRESS			5.3 STREET	ADDRESS	•		
STREET ADDRESS			5.4 CITY-S	ì			ì
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change	Addition
			6.2 NAME			_	_ }
NAME PTDCET ADDRESS			6.3 STREET	ADDRESS			
STREET ADDRESS			GACTTV ST				{

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 suppliemental 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 of chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND TIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

954-472-78/0

CRC