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**

383

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90047 045 ***150.00

1. Corporation	MENT # H27416 I BUG OF LAKELAND, INC.		# 38	3	
Principal Place	o of Rusiness	Mailing Address			L BABAN BIBIN BABAN BIBIN KBBN
4309 S. FLORID 450 WINKS LAN LAKELAND FL 3 US	A AVE.	450 WINKS LANE CORPORATE TAX BENSALEM PA 19020 US		DO NOT WRITE IN THIS S 3. Date Incorporated or Qualifed 10/26/1984	PACE
2. Principal Pl	ace of Business	2a. Mailing Address	 .	4. FEI Number	Applied For
21		26		23-2361009	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		3. 00,000.00	Fee Required
City & State	е	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23		28)	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 3	30	This corporation owes the current year Intar Personal Property Tax.	gible ☐Yes ☐No
24	9. Name and Address of Current	<u></u>	<u> </u>	10. Name and Address of New Registered A	
	5. 1421110 0110 Addiess 01 0011011		81 Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street	Address (P.O. Box Number is Not Acceptable)	, i
ı			84 City	FL	85 Zip Code
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 registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DORRITT, BERN		1.2 NAME		
STREET ADORESS	450 WINKS LANE		1.3 STREET ADDRESS)
CITY-ST-ZIP	BENSALEM PA 19020	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	AMOUNT COUNTY	Grange ☐ Addition
TITLE	VD EDIC	C) Deterie	2.2 NAME	VP/TRES/SECT/D	
NAME	SPECTER, ERIC 450 WINKS LANE		2.3 STREET ADDRESS		
STREET ADDRESS	BENSALEM PA		2,4 CITY-ST-ZIP		}
CITY+ST-ZIP	VIS	₩ DELETE	3.1 TITLE	VICE - PRESIDENT	Change Addition
NAME	GOLDBERT, JON A	^	3.2 NAME	JOHN J. SULLIUAN	
STREET ADDRESS;	ACO MONIZO LANIE		3.3 STREET ADDRESS	450 WINKS LANE	
C(TY-ST-Z)P	BENSALEM PA		3.4. CITY-ST-ZIP	Bensalam, PA 19820	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BERN, DORRIT J		4. 2 NAME		J
STREET ADDRESS	450 WINKS LANE		4.3 STREET ADDRESS	S .	
CITY-ST-ZIP	BENSALEM PA		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS	S	
CITY-ST-ZIP	 	□ Briete	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 MAME		C cutatige Decidion
NAME			6.3 STREET ADDRESS		ļ
STREET ADDRESS			6.4 CITY-ST-ZIP	-	

14. 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.

SIGNATURE:

TURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 0 5 1999