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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H29229**

1. Corporation Name

rincipal Place of Business	Mailing Address
141 N.E. 7TH TERRACE	2941 N.E. 7TH TERRACE
DMPANO BEACH FL 33 0 64	POMPANO BEACH FL 33064

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90068 039 ***150.00

Principal Place		Mailing Address 2941 N.E. 7TH TERRACE								
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064			DO NOT WRITE IN THIS SPACE							
						3. Date Incorporated or Qualifed	IN THIS.	3FAUL		\neg
	•					11/08/1984				- {
2. Principal P	ace of Business	2a, Mailing Address		-		-4. FEI Number			Applied:For-	
2126						59-2463497			Not Applicab	ole
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional	\neg
22		27				5. Certifcate of Status Desired	_J 	Fee	Required	_
City & State		City & State				6. Election Campaign Financing			0 May Be	
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Countr	гу		8. This corporation owes the current			Z No	
24	25	_ 	30			Personal Property Tax. 10. Name and Address of New Reg		☐ Yes	IZJ NO	\dashv
-	9. Name and Address of Curren	r veðistelen viðellt	8	11 N	Name	10. Hame and Address of Hew Reg		- 		ㅓ
FELL	., RICHARD		L							_
	N.E. 7TH TERRACE		8:	2 5	Street Addre	ess (P.O. Box Number is Not Acceptable)			}
POM	IPANO BEACH FL 33064		8	13			4-42			\dashv
			<u> </u>							_
			84	4 (City		FL	85 Z	p Code	
11. Pursuant office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the about thorized b	ove-n by the	named corpo e corporation	oration submits this statement for the pu n's board of directors. I hereby accept t	rpose or o	manging tment as	registered	'
agent. Fai SiGNATURE	•	tions of, Section 607.0505, Flor	ioa Statute	es. _			DATE	_		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Ag	es. _		when reinstating)	DATE FRS ANI			
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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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRICHARIO SIGNING OFFICER OR DIRECTOR