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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90066 002 ***150.00

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H33534

ANTEL ENTERPRISES, INC.

ANTEL ENTERPRISES, INC.						
Principal Place of Business	Mailing Address			1 (99(9)) 2)20 (1199 1119) 51100 31111 4101 4101		
% WOLF E. TEITELBAUM	% WOLF E. TEITELBAUM		•			
# WOLF E. TEHELDAUM. 8877 COLLINS AVE #1002 SURFSIDE FL 33154 8877 COLLINS AVE #1002 SURFSIDE FL 33154		•		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 12/10/1984		<u></u>
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		ed For
Third part was a same	26			59-2546183		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Requ	
22	27					
City & State	City & State			6. Election Campaign Financing	\$5.00 M Added to	
23	28	<u> </u>		Trust Fund Contribution		1 663
Zip Country	Zip	Cour	ntry	8. This corporation owes the current year	Intangible ☐ Yes ☐	No
24 25	• •	30		Personal Property Tax. 10. Name and Address of New Registered		
9. Name and Address of C	Surrent Registered Agent		94 Nome	10. Name and Address of New Registers	- Agent	
	· / * *		81 Name		<u> </u>	
TEITELBAUM, WOLF E.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
8877 COLLINS AVE						* . *
APT 202			83			1,243
SURFSIDE FL 33154			84 City	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	L 85 Zip Co	
	RS AND DIRECTORS	13.	ne l	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE OP		1.2 N	1		•	
NAME / TEITELBAUM, WOLF E.			TREET ADDRESS			
STREET ADDRESS 8877 COLLINS AVE #10	102					
CITY-ST-ZIP SURFSIDE FL	DELETE	2.1 TI	TTY-ST-ZIP			
TITLE /	El Deceie	2.2 N	1		☐ Change	Addition
NAME	•	2.2 N			☐ Change	Addition
STREET ADDRESS		220			☐ Change	Addition
CITY-ST-ZIP			TREET ADDRESS		☐ Change	Addition
TITLE SALES	() DELETE	2.40	TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	☐ Change	
NAME:	DELETE	2.4 C	TREET ADDRESS CITY-ST-ZIP			
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CITY-ST-ZIP	DELETE	2.4 C 3.1 Tl 3.2 N 3.3 S	TREET ADDRESS CITY-ST-ZIP ITLE IAME TREET ADDRESS			
TILE		2.4 C	TREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS CITY-ST-ZIP			Addition
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STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2.4 C 3.1 Ti 32 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	TREET ADDRESS CITY-ST-ZIP ITLE AMME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE AMME		☐ Change	Addition
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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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

STREET ADDRESS

6.4 CITY-ST-ZIP