FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 241 W TROPICAL WAY

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H33930

Principal Place of Business

241 W TROPICAL WAY

DAVID B. BLACK, C.P.A., P.A.

| PLANTATION FL 33317 | | PLANTATION FL 33317 | | | DO NOT WRITE IN THIS SPACE | | | |
|--|--|--|---|---|--|-------------------------|-----------------------------|--|
| JS · | | US | ٥. | | 3. Date Incorporated or Qualifed | | | |
| | | | | | 12/10/1984 | | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | Applied For | |
| 2. Principal Pla | 11 1400 01 23011002 | | | | 59-2475580 | | Not Applicable | |
| 1 | 26 Suite Ant # etc. Suite, Apt. #, etc. | | | | | \$8. | 75 Additional | |
| Suite, Apt. | · · · · · · · · · · · · · · · · · · · | ⊢ ¬ | | | 5. Certificate of Status Desired Fee Required | | | |
| 2 | | City & State | | | 6. Election Campaign Financing | \$5 | .00 May Be | |
| City & State | the state of the s | | | | Trust Fund Contribution | • - | ded to Fees | |
| 3 | | Country Zip Cour | | | | | | |
| _ Zip | Country | Zip | ¬ ´ | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | |
| 4] | 25 | 29 30 | <u> </u> | | 10. Name and Address of New Regist | | | |
| | 9. Name and Address of Current I | Registered Agent | 81 | Name | 10. Italie and Address of item (tog) | | | |
| Di AC | NAME OF THE PARTY | | \" | Marile | | | | |
| BLACK, DAVID B. | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 241 W TROPICAL WAY | | | | 5 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 | | | | |
| PLAN | ITATION FL 33317 | | 83 | | | | 翻翻翻翻 | |
| | | | 84 | City | | 85 | Zip Code | |
| | | | . [] | | _ | FLI | . | |
| 11 Dureuant | to the provisions of Sections 607.0502 | and 607 1508, Florida Statutes | , the above | e-named corp | poration submits this statement for the purpoion's board of directors. I hereby accept the | se of changir | ng its registered | |
| office or re | egistered agent, or both, in the State of | Florida: Such change was aut | horized by | the corporati | ion's board of directors. I hereby accept the | appointment | as registered | |
| 😂 agent. I a | egistered agent, or both, in the State of m familiar with, and accept the obligation | ons of, Section 607.0303, Florid | ia Glatutos | • | | | | |
| SIGNATURE | | (NOTE: R | enistered Arier | nt signature require | red when reinstating) 1 23-2 DA | NE | | |
| Signature, speed of prince and pr | | | | | ADDITIONS/CHANGES TO OFFICER | RS AND DIRE | CTORS IN 12 'c | |
| 12. | | DELETE | 13. | | \$100 AUSE | Cha | | |
| TITLE | PST DAVID D | | 1.2 NAME | | च्चापित्र चार्नी विक्षाती र | | a a | |
| NAME | BLACK, DAVID B. | • | | - 10000000 | | | | |
| STREET ADDRESS | | | | T ADDRESS | • | | • . | |
| CITY-ST-ZIP | PLANTATION FL | | 1.4 CITY-S | | | Cha | ange Addition | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | ongo 🗀 / teatour | |
| NAME | BLACK, DAVID B. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 241 W TROPICAL WAY | | 2.3 STREE | TADDRESS | | | ٠. | |
| CITY-ST-ZIP | PLANTATION FL 3/ 5/2 | | 2.4 CITY- | ST-ZIP | | <u> </u> | | |
| TILE , , | The second second | ☐ DELETE | 3.1 TITLE | | | Ch | ange Addition | |
| الرياد NAME | 深。斯思 克(| | 3.2 NAME | | | | | |
| 144 | With the second | | 3.3 STREE | T ADDRESS | "你有一定,不是一个。" "我是你还是 是 ?" | 11 55% 2 31 4827 | , 602 - 2041, 1-831 - 286 - | |
| STREET ADDRESS | 有為限時間 。2016年 | | 3.4. CITY- | 1 . | | 。往程斯 | | |
| CITY-ST-ZIP | | □ DELETE | 4.1 TITLE | <u> </u> | 一 | ि है है : □ Ch | ange :: [] Addition | |
| TITLE | | _ 5 | 4.2 NAME | . | • | | | |
| NAME | ALC: NO. | 144 · · · · · · · · · · · · · · · · · · | | | | | | |
| STREET ADDRESS | 1394 N. 100 S. 100 | est of the state o | | TADDRESS | | | | |
| CITY-ST-ZIP | Land to the state of the state | · ;- | 4.4 CITY-S | ST-ZIP | | Ch | ange Addition | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | · · | La resident | |
| NAME . | | | 5.2 NAME | | 16 基联系统 7 g | | | |
| STREET ADDRESS | | | 5.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | PS1 1,1 | | 5.4 CITY-8 | ST-ZIP | | | | |
| TITLE | BUTTON DATE OF | DELETE | 6.1 TITLE | | - | . □ch | nange | |
| | [24] 墨奇心拉(2) | • | 6.2 NAME | | | | : | |
| NAME ,. | DIAMETER OF | | 6.3 STREE | ET ADDRESS | | - | | |

6.4 CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90002 006 ***150.00

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.