Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90041 020 ***150.00

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

DOCUMENT # LIGO

Corporation	Name / J. KOHAN	1 100000						
Principal Place	e of Business		Mailing Address			T \$00000 BIRM (4) ON 40100 SIGN (1) ONE STATE	SIMIL MINIE MENTI NINII ATNII INNI	
5140 COCONUT CREEK PKWY MARGATE FL 33063 US			5140 COCONUT CREEK PKWY MARGATE FL 33063 US			DO NOT WRITE IN THIS	S SPACE	
03			00			3. Date Incorporated or Qualifed		
						01/15/1985	Applied For	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 59-2484985	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			39 2404903	\$8.75 Additional	
			27			5. Certifcate of Status Desired	Fee Required	
City & State			City & State			6. Election Campaign Financing	\$5.00 May Be	
23			Zip Country			Trust Fund Contribution Added to Fees		
Zip		Country	Zip 29	30	in y	 This corporation owes the current year In Personal Property Tax. 	itangible ☐ Yes ☐ No	
24	25 9. Name and Address of Curren					10. Name and Address of New Registered		
5140 MAR	gate FL 330	Creek Pkwy 163	and 607 1508. Florida Statu	**************************************	83 84 City	fress (P.O. Box Number is Not Acceptable)	85 Zip Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was autagent. I am familiar with and accept the obligations of, Section 607.0505, Florida SIGNATURE SIGNATURE (NOTE: 1					by the corporation of the second of the seco	ed when reinstating) 3/8/97	<u></u>	
12.		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P KOHAN, ANDREW J.		☐ DELETE	1.1 TIT			☐ Change ☐ Addition	
NAME				1.2 NA				
STREET ADDRESS 5140 COCONUT CREEK PKWY					REET ADDRESS			
CITY-ST-ZIP	MARGATE I	<u>-</u> L	☐ DELETE		Y-ST-ZIP		Change Addition	
TITLE			□ Dete≀e	2.1 TIT	Į į		- Change - Addison	
NAME				2.2 NA				
STREET ADDRESS				1	REET ADDRESS			
CITY-ST-ZIP			☐ DELETE	2.4 CI 3.1 TIT	TY-ST-ZIP		☐ Change ☐ Addition	
TITLE			C DEFETC	3.1 HI	-	•		
NAME					REET ADDRESS		•	
STREET ADDRESS								
CITY-ST-ZIP			☐ DELETE	4.1 TIT	TY-ST-ZIP		☐ Change ☐ Addition	
			- 1			_ ,		
NAME				4. 2 NAME 4.3 STREET ADDRESS			•	
STREET ADDRESS								
CRY-ST-ZIP			☐ DELETE	4.4 CIT 5.1 TIT	Y-ST-ZiP		☐ Change ☐ Addition	
NAME				5.1 MA	I .		_ ,	
STREET ADDRESS				•	REET ADDRESS			

CITY-ST-ZIP 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 of 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 changes, or on an attachment with an address with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change