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**PROFIT** CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # H53720**

FILED	
Apr 15, 1999 8:00 an	n
Secretary of State	
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B. COOF	PER, INC.						
	1				i yangani ahan aham ilini yanka bilan dank erah		ERI BIBLI IBEL
						. 1100 1110 1120 1	<u> </u>
Principal Place	of Business	Mailing Address			. (9215(1 619) Sites utu tesis tent satt man	. B  B    B  B	BIL 61811 1881
2700 BANYAN I	RD.	2700 BANYAN RD.					
#32		#32			DO NOT WRITE IN THI	SSPACE	
BOCA RATON FL 33432 BOCA RATON FL 33432 US				3. Date Incorporated or Qualifed	3 SFACE		
03		00			04/24/1985		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	000 0, 20011030	26			06-1134230	1	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<del></del>		\$8.75 A	dditional
22	-د د رو <del>سپند</del> د روف	27		الاحتبية لواد	5. Certificate of Status Desired	Fee Rec	uired*
City & State	8	City & State	_		6. Election Campaign Financing	\$5.00 N	√lay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		intry	8. This corporation owes the current year !		
24	25	[29]	30		Personal Property Tax.		No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Registere	1 Agent	
EOD	MAN, ROBERT S.			81 Name			
	EAST BROWARD BLVD			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	E #408			83	<del></del>		
	T LAUDERDALE FL 33301			83	•		
10.1	PAODENDALE I E 33001			84 City	F	85 Zip C	ode
		1007.4500 Flexide Obs	Ab				registered
l office or n	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by the corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, I	Florida Stat	utes.			1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if conlinable /NC	TF: Registerer	Agent signature requi	ired when reinstating) . DATE	<del></del>	\ ,
12.		ID DIRECTORS	13.	•	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	RS IN 12
TITLE	P	☐ DÉLETE	1.1 π	TLE		☐ Change	Addition
NAME	COOPER, BARBARA		1.2 N	AME	•		;
STREET ADORESS.	2700 BANYAN RD. #32	•	1.3 \$	TREET ADDRESS	•		i
CITY-ST-ZIP	BOCA RATON FL		1.4 C	ITY-ST-ZIP			;
TITLE		DELETE	2.1 Ti	TLE .	•		Addition   (
NAME			2.2 N	AME		Change	
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		☐ DELETE	2. 4 C 3.1 Ti 3.2 N	TREET ADORESS CITY-ST-ZIP ITLE			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.