PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **H69654**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90120 030 ***150.00

CLIFSEN	I REALTY CORP	·							
Principal Place	e of Business	Mailing Address				\$1 016 1 010 11 0 \$1	lii bibii u	iali bibil	
•	•	6151 MIRAMAR PARKWAY							
6151 MIRAMAR PARKWAY . 6151 MIRAMAR PARKWAY SUITE 200 SUITE 200									
MIRAMAR FL 33023 MIRAMAR FL 33023					DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualifed				
					08/05/1985				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applie	d For
21		26			59-2565130			Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			5 Addi	
22		27		<u> </u>	C. Bornouto e, Ciarro	_		Requir	
City & State	e	City & State			6. Election Campaign Financing			00 Ma	'
23		28			Trust Fund Contribution		Add	led to Fo	ees
Zip	Country	Zip	Count	try	8. This corporation owes the curre	ent year Inta			
24	25		30		Personal Property Tax.		Yes Yes		No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered A	gent		
0" 5	ACRT OFNIO		6	Name					
	BERT SENS		8	Street Add	Iress (P.O. Box Number is Not Accepta	ble)			
	I MIRAMAR PARKWAY								
-	E 200		8	33					
MIRA	AMAR FL 33023		F	4 City			85	Zip Cod	e
				1 7		FL		•	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	thorized b	by the corporati	ion's board of directors. I hereby accep	t the appoin	tment a	s regist	ered
	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statuti	es.					
SIGNATURE	m ramiliar With, and accept the obligation	ations of, Section 607.0505, Flori	ioa Statuti	es.	ed when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	ioa Statuti	es.		DATE	D DIRE	CTORS	IN 12
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered A	gent signature require	ed when reinstating)	DATE		CTORS	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD	ent and title if applicable. (NOTE:	Registered A	gent signature require	ed when reinstating)	DATE	D DIRE	CTORS	IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE:	Registered A	gent signature require	ed when reinstating)	DATE	D DIRE	CTORS	IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD	ent and title if applicable. (NOTE:	Registered Ap 13. 1.1 TITU 1.2 NAM 1.3 STRE	gent signature require E	ed when reinstating)	DATE	D DIRE ☐ Chai	CTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE	ent and title if applicable. (NOTE:	Registered Ap 13. 1.1 TITU 1.2 NAM 1.3 STRE	gent signature require E E EET ADDRESS -ST-ZIP	ed when reinstating)	DATE	D DIRE	CTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	gent signature requin E E EET ADDRESS -ST-ZIP E	ed when reinstating)	DATE	D DIRE ☐ Chai	CTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	gent signature requin E E EET ADDRESS -ST-ZIP E	ed when reinstating)	DATE	D DIRE ☐ Chai	CTORS	IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	gent signature requin E E E E ET ADDRESS -ST-ZIP E	ed when reinstating)	DATE	D DIRE ☐ Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE	gent signature requin E E E EET ADDRESS -ST-ZIP E E EET ADDRESS (-ST-ZIP	ed when reinstating)	DATE	D DIRE ☐ Chai	CTORS nge [IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	gent signature requin E E E EEET ADDRESS -ST-ZIP E E EEET ADDRESS (-ST-ZIP E ET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE	ations of, Section 607.0505, Flori	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM	gent signature requin E E E EEET ADDRESS -ST-ZIP E E EEET ADDRESS (-ST-ZIP E ET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.5 STRI 3.5	gent signature requin E E E EET ADDRESSST-ZIP E EET ADDRESS (-ST-ZIP E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.5 STRI 3.5	gent signature require E E E EET ADDRESSST-ZIP E EET ADDRESS (-ST-ZIP E E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A: 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY	gent signature require E E E E E E E E E E E E E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered Ai 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	gent signature require E E E E E E E E E E E E E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered Ai 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL 4.2 NAM	gent signature require E E E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EAT ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAA 4.3 STRI 4.3	gent signature require E E E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EI EI EI EI EI EI EI EI E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [nge [IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori ent and little if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAA 4.3 STRI 4.4 CITY 4.5 STRI 4.4 CITY 4.4	gent signature require E E E EET ADDRESSST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EAT ADDRESSST-ZIP E E-ET ADDRESSST-ZIP E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [nge [Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori ent and little if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM	gent signature require E E E EET ADDRESSST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EAT ADDRESSST-ZIP E E-ET ADDRESSST-ZIP E	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori ent and little if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM	gent signature require E E E E EET ADDRESSST-ZIP E E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESSST-ZIP E EET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori ent and little if applicable. (NOTE: ND DIRECTORS DELETE DELETE DELETE	Registered A, 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRI 5	gent signature require E E E E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E E-ST-ZIP E-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered age OFFICERS AI P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A, 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITLE 5.7 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.5 TITLE 5.5 NAM 5.5 STRI 5.5 CITY 5.5 TITLE 5.	gent signature require E E E E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENS, CLIFFORD 19956 NW 2ND AVE MIAMI FL VP SENS, GILBERT 19956 NW 2ND AVE MIAMI FL	ations of, Section 607.0505, Flori	Registered A 13. 1.1 TITLE 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITLE 6.2 NAM	gent signature require E E E E EET ADDRESS -ST-ZIP E E EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS -ST-ZIP E EET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRE Chai	CTORS nge [Addition Addition Addition

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 supplied that 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 an an attachment with an address, with all other like empowered.

SIGNATURE:

URE REQUIRED