Saper Jacobie of Business Saper Jacobie Of Busines	PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTME Katherine H Secretary of DIVISION OF CORF	ENT OF STATE <b>Iarris</b> State	FILE Feb 11, 199 Secretary 02-11-1999 90066 03-	9 8:00am of State	l
Capital Place of Business         Making Address         Fig. RCMR0 GARRELLE Set CCA. MDRV. SUITE B FORT LAUGEROALE FL 33308         DO NOT WRITE IN THIS SPACE           Principal Place of Business         22. Maining Address         4. FEI humber         Image Address           State. Apt. #, etc.         22. Maining Address         4. FEI humber         Image Address           State. Apt. #, etc.         21. Control of Status         5. Control of Status         5. Control of Status           City & State         Country         8. This corporation set Marking Address         5. Control of Status         5. Control of Status           Zip         Country         2. Data Incorrect year Interport Tac.         6. Centrol of Status         5. Control of S			· · · · · · ·			
Biologan Relief         * ROHARD GARRELE         * ROHARD GARRELE           Source Constructions         Jass Source Constructions         Jass Source Constructions         Jass Source Constructions           Source Constructions         Zz         Making Address         Zz         Applied For- tract Source Constructions         Jass Source Constructions           Source Constructions         Zz         Making Address         Zz         Applied For- Source Constructions         Source Constructions         Source Constructions           Source Constructions         Zz         Making Address         Zz         Applied For- Constructions         Source Constructions         Source Constructions           Source Constructions         Zz         Making Address         Constructions         Source Constructions         Source Constructions         Source Constructions           Zip         Country         Zip         Country         Zip         Country         Source Country         Source Country         Name         Name <td< th=""><th>ning Place of Business</th><th>Mailing Address</th><th></th><th></th><th></th><th></th></td<>	ning Place of Business	Mailing Address				
Principal Place of Busines     Za.     Mailing Address     Ye Principal Place of Busines     Text Principal Place of Busines       Suite, Api, #, etc.     27     Suite, Api, #, etc.     5. Certification of Status Desired     \$58,75 Acaditoout       City & State     21     City & State     5. Certification of Status Desired     \$58,75 Acaditoout       Zip     Country     20     Country     8. Election Cempoing Francing     \$5,00 May Be Acade to Fees       Zip     Country     20     Country     8. This corporation owes the current year Intangülee       Personal Property Tax.     res     Nome and Address of Current Registered Agent     81     Name and Address of Now Registered Agent       3     Name and Address of Current Registered Agent     81     Name and Address of Now Registered Agent     81       Suffe Suff To Auddress (P O. Box Number is Not Acceptable)     82     Street Address (P O. Box Number is Not Acceptable)       3     346 City     FE     83     20     20       3     Street Address (P O. Box Number is Not Acceptable)     83     20     20       3     Street Address of Country     Street Address of Country     10     20       3     Street Address of Country     Street Address of Country     10     20       3     Street Address of Street Address of Street Address of Country     10	NCHARD GABRIELLE 5 GALT OCEAN DRIVE. SUITE B	3465 GALT OCEAN DRIVE, SUI	ITE B	3. Date Incorporated or Qualifed 08/09/1985		
Suite, Apt. #, etc.         District, Apt. #, etc.         Conclose of Satus Desired         \$8.75 Additional res Regulated           City & State         27         Country         27         S.000 Any Sec.           Zip         29         20         30         Trust Fund Control/forming         Address of Press           Zip         Country         29         30         Personal Property Tax.         Clip & State         Clip & State         Clip & State         Clip & State         Personal Property Tax.         Clip & Country         R. This concretion over the current year intrangible           Zip         20         Country         29         30         Name and Address of New Registered Agent         R. Name and Address of New	Principal Place of Business	2a. Mailing Address				
Suite, Apt. F., etc.       Image: Provide and Prov					\$8.75 Add	litional
City & State       City & State       6. Election Carage in Priority       Added to Frees         Zip       Country       22       Country       8. This corporation owes the current year intangable         9. Name and Address of Current Registered Agent       91       Name       10. Name and Address of New Registered Agent         9. Name and Address of Current Registered Agent       91       Name       10. Name and Address of New Registered Agent         9. Name and Address of Current Registered Agent       91       Name       10. Name and Address of New Registered Agent         9. Name and Address of Current Registered Agent       91       Name       10. Name and Address of New Registered Agent         9. Name and Address Of Current Registered Agent       91       Name       10. Name and Address Of New Registered Agent         9. Mame and Address Of Corean Registered Agent       91       Name       10. Name and Address Of New Registered Agent         9. Mame and Address Of Corean Registered Agent       90. Name and Address Of New Registered Agent       91       24         9. Outro the provisions of Societors 800 (SS2 and 607 1500, Florids Statutes, the above named corporation's board of directors. Therefore or elegistered Agent registered       11 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /	Suite, Apt. #, etc.				ree Requ	
Zip         Country         Zip         Country         8. This corporation overs the current year Intangble Personal Property Tax.         Yes         No           9. Name and Address of Current Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent         10. Name and Address of New Registered Agent           GABRIELLE, RICHARD         81< Name	City & State					
2D	Country		Country	8. This corporation owes the current	year Intangible	
9. Name and Address of Current Registance Ayer     81     Name       GABRIELLE, RICHARD     82     Street Address (P.O. Box Number is Not Acceptable)       3465 GALT OCEAN DRIVE     83       SUITE B     64       FORT LAUDERDALE FL 33308     84       17. Pursuant to the provisions of Societors 607 0002 and 607 1506. Florids Studies, the above-named corporation submits this statement for the purpose of changing its registered or registered ayer. In Street Address of Portal. Such change was autorated by the corporation's band of director. Interby accept the obligations of Section 607 0002 and 607 1506. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered or registered ayer. Interbuster and a base for the state of Portal. Such change was autorated by the corporation's based of directors. Interby accept the support through and the bill advect the application. The state of Portal. Such change was autorated by the corporation's based of directors. Interby accept the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support the support through and the bill advect that a support that advect that a support that a support that a support that	25	29 30	]	Personal Property Tax.		
3465 GALT OCEAN DRIVE SUITE B FORT LAUDERDALE FL 33308       88         12 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Sublute, the above named corporation submits this statement for the purpose of changing its registered onfore or registered agent, to both, in the State of Florida. Such there was earthorized by the corporation's board of directors. I hereby accept the appointment as registered onfore or registered agent, to both, in the State of Florida. Such there was earthorized by the corporation's board of directors. I hereby accept the appointment as registered onfore or registered agent, to both, in the State of Florida. Such there was earthorized by the corporation's board of directors. I hereby accept the appointment as registered onfore or registered agent, to both, in the State of Florida. Such there was earthorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, to both and corp the purpose of changing its registered office of registered agent, to both and corp the purpose of the appointment as registered office of registered agent, to both and corp the purpose of changing its registered office of registered agent, and the purpose of the appointment as registered office of registered agent, to both and the purpose of the appointment as registered office of registered agent, to both and the purpose of the appointment as registered office of registered agent, and the purpose of the appointment as registered office of registered agent, and the appointment as registered office of registered agent, and the purpose of the appoint agent agent agent agent agent appoint agent agent agent agent agent agent agent agent agent agent appoint agent agent agent agent agent agent agent agent age	9. Name and Address of Current	Registered Agent	81 Name			_
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<ul> <li>CITY-ST-ZIP</li> <li>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 humer certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I humer certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I humer certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I humer certify that I am an 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 indicated on this annual report or supplemental annual report is true and accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual floring of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on the second s</li></ul>	Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent, I am familiar, with, and accept the obligat IGNATURE <u>RICHARD J GABR</u> Signature, typed or printed name of registered agent 2. OFFICERS AN TLE DP GABRIELLE, RICHARD 3465 GALT OCEAN DR #B TTY-ST-ZIP TTLE AME TREET ADDRESS STRY-ST-ZIP TTLE VAME STREET ADDRESS STRY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP	ions of, Section 607.0505, Florid PICHA and title if applicable. D DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE	the above-named cor- borized by the corporat a Statutest 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	poration submits this statement for the pution's board of directors. I hereby accept the puties board of directors. I hereby accept the pution of the puties board of directors. I hereby accept thereby accept thereby accept t	DATE DATE DERS AND DIRECTOR Change Change Change	Additio

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