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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999

DOCUMENT # H74333

BEHUNE, ASSEF & ASSOCIATES, INC.

٠	and the second second							
Principal Place		Mailing Address		_	\$	11 <b>40</b> 1111 <b>0</b> 1011 01	1 H W 1 W 1 W 1 W 1 W 1	II MIT MEMET CM MI
% RONALD AS: 2452 PGA BLVI	SEF	% RONALD ASSEF 2452 PGA BLVD.		,	20 1107 1170	<b>-</b>	204.05	
The both of the both		PALM BCH. GARDENS FL 33410		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
US		US			09/03/1985			
o Dinininal Di	lace of Business	2a. Mailing Address			4. FEI Number		An	plied For
2. Findpare	LALIBUE CT		LIQUE	C +	59-2814397		- <del> </del>	t Applicable
Suite, Apt.		Suite, Apt. #, etc.	170394			<u></u>	\$8.75	
22	, , , , , , , , , , , , , , , , , , , ,	27			5. Certificate of Status Desired		_ Fee Re	equired
City & State	e 0 / 1	City & State			6. Election Campaign Financing		\$5.00	May Be
23 PALM	BCH GARDENS 12	28 PALM BCH (T)	<u>NRDENS</u>		Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Inta	_	
24	25	29 30	0		Personal Property Tax.	Boniotored A	∐ Yes	□No
	9. Name and Address of Current	Registered Agent	81 Na	me	10. Name and Address of New	Registereu A	(gent	
122A	EF, RONALD							
	PGA-BLVD:		82 St	reet Addres	ss (P.O. Box Number is Not Accept	able) مسيد		
	M BCH. GARDENS FL 33410		83	2///	NA KIGUE C			
	•	,	84 Ci	9	BCH GARDENS	FL	85  Zip (	Code 4/0
				44m.			changing its	
11 Pursuant	to the provisions of Sections 607 0502	? and 607.1508. Florida Statutes.	. the above-nar	med corpoi	ration submits this statement for the	: purpose or c		. 09.0.0.0
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was auth	horized by the o	med corpor corporation	ration submits this statement for the n's board of directors. I hereby acce	pt the appoin	tment as re	gistered
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was auth	horized by the o	med corpor corporation	ration submits this statement for the i's board of directors. I hereby acce	pt the appoin	tment as re	gistered
office or r	egistered agent, or both, in the State o	of Florida. Such change was autr ions of, Section 607.0505, Florid	horized by the o	corporation	is board of directors. I nereby acce	pt the appoin	tment as re	gistered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was authors of, Section 607.0505, Florid tand title if applicable.  (NOTE: Red D DIRECTORS	horized by the ola Statutes.	corporation	is board of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or n agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS ANE	of Florida. Such change was autrions of, Section 607.0505, Florid t and title if applicable. (NOTE: Re	horized by the ola Statutes.  Statutes against the control of the	corporation	is poard of directors. I nereby acce	DATE	unent as re	gistereu
office or reagent. I all SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PD  ASSEF, RONALD	of Florida. Such change was authors of, Section 607.0505, Florid tand title if applicable.  (NOTE: Red D DIRECTORS	horized by the classification and the classif	corporation	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or reagent. I as SIGNATURE	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was authors of, Section 607.0505, Florid tand title if applicable.  (NOTE: Red D DIRECTORS	egistered Agent signar  13.	ature required	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or reagent. I at SIGNATURE  12. TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND PD  ASSEF, RONALD	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Red  D DIRECTORS  DELETE	egistered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP	ature required	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was authors of, Section 607.0505, Florid tand title if applicable.  (NOTE: Red D DIRECTORS	ogistered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE	ature required	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Red  D DIRECTORS  DELETE	ogistered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ature required of	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Red  D DIRECTORS  DELETE	ogistered Agent signa 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESSCITY-ST-ZIP	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistered Agent signs 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Red  D DIRECTORS  DELETE	ogistered Agent signa  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDR  2.4 CITY-ST-ZIP  3.1 TITLE	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	ORS IN 12
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistered Agent signa 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESSCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistered Agent signa 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all 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 THE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDF 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDF 3.1 TITLE 3.2 NAME 3.3 STREET ADDF 3.4 CITY-ST-ZIP 4.1 TITLE	ature required to	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESSCITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistored Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ature required v	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.3 STREET ADDR	ature required v	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE	ogistored Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ature required v	is poard of directors. I nereby acce	DATE	D DIRECTO	DRS IN 12 Addition Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE  DELETE	ogistored Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.3 STREET ADDR 4.3 STREET ADDR 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP	ature required v	is poard of directors. I nereby acce	DATE	D DIRECTO Change Change	DRS IN 12  DRS IN 12  Addition  Addition  Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE  DELETE	ogistered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDF 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDF 3.1 TITLE 3.2 NAME 3.3 STREET ADDF 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDF 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE	RESS	is poard of directors. I nereby acce	DATE	D DIRECTO Change Change	DRS IN 12  DRS IN 12  Addition  Addition  Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE  DELETE	ogistored Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.2 NAME 4.3 STREET ADDR 5.1 TITLE 5.2 NAME	RESS	is poard of directors. I nereby acce	DATE	D DIRECTO Change Change	ORS IN 12  ORS IN 12  Addition  Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: Re D DIRECTORS  DELETE  DELETE  DELETE	ogistered Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.3 STREET ADDR 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.1 TITLE 5.2 NAME	RESS	is poard of directors. I nereby acce	DATE	D DIRECTO Change Change	DRS IN 12  DRS IN 12  Addition  Addition  Addition
office or nagent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent of the obligation of the state of registered agent of the state of the	of Florida. Such change was autrions of, Section 607.0505, Florid  t and title if applicable. (NOTE: R. D DIRECTORS  DELETE  DELETE  DELETE  DELETE	ogistored Agent signa  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.2 TITLE 5.2 NAME 5.3 STREET ADDR 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.1 TITLE 5.2 NAME 5.3 STREET ADDR 5.4 CITY-ST-ZIP 5.5 TITLE 5.2 NAME	RESS	is poard of directors. I nereby acce	DATE	D DIRECTO Change Change Change	DRS IN 12 DRS IN 12 Addition Addition Addition Addition Addition

6.4 CITY-ST-ZIP

SIGNATURE:

STREET 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 or the receiver of 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 affachment with an address, with all other like empowered.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90182 013 \*\*\*150.00