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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H91142 FRIEDMAN & OSHINSKY P.A.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90075 013 ***150.00

		14-11 Add	and the same of th		1817-01011 Oldul Olduk Oldik Oldik 1986
Principal Place of Business		Mailing Address			
1150 E. HALLANDALE BEACH BLVD.		1150 E. HALLANDALE BEACH BLVD. SUITE A			
HALLANDALE FL 33009		HALLANDALE FL 33009		DO NOT WRITE IN T	HIS SPACE
		**		3. Date Incorporated or Qualifed	
				12/20/1985	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2612360	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	→ ·}	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Registe	red Agent
	λ. ¢		81 Name		
OSH	IINSKY, LEONARD		20 00 141	(D.C. D	
1150) E. HALLANDALE BEACH BLVD.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
SUIT			83		
HALI	LANDALE FL 33009			1. 2. 2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	•		84 City		85 Zip Code
44 Durayant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named co	rporation submits this statement for the purpos	_ , ,
1), Fuisuain	to the provisions of Sections our cook	f Florida Such change was auth	orized by the cornora	ation's board of directors. I hereby accept the ap	pointment as registered
Office of the	egistered agent, or both, in the State of	i rioriua. Sucii charige was auu	onizod by and corpora	stion's board of directors. Thereby accept the ap	ppontanont do regionardo
agent. I a	egistered agent, or both, in the state of me familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	ation's board of directors. Thereby accept the a	Sportalion as regional
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.		
agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	a Statutes. egistered Agent signature requ	ired when reinstating) DATE	
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation Signature, typed or printed name of registered agent of OFFICERS AND	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Ri D DIRECTORS	a Statutes. egistered Agent signature requ		S AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re	a Statutes. egistered Agent signature requ 13. 1.1 TITLE	ired when reinstating) DATE	
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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 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 changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

AME OF SIGNING OF ICER OR DIRECTOR