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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H97181**

1. Corporation Name

ROY R. I	BURI INC.								
Principal Place	of Business	Mailing Address					- [[CATO ATREC ATANG RÉAT	I BIBIH BIBII 1881
2000 S. OCEAN BLVD 2000 S. OCEAN BLVD									
APT. 15C APT. 15C									
BOCA RATON FL 33432 BOCA RATON FL 33432							DO NOT WRITE IN T	HIS SPACE	
							3. Date Incorporated or Qualifed		ļ
							01/31/1986		
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number	A	Applied For
21		26					59-26377 <u>32</u>	1	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	7	Additional Required
City & State	e	City & State					_6_ Etection.Campaign.Financing	\$5.00	0.May.Be
23	•	28	_				Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Cou	пtгу			8. This corporation owes the current year	r Intangible	
24	25	29	30				Personal Property Tax.	🗌 Yes	No.
	9. Name and Address of Cu	rrent Registered Agent					10. Name and Address of New Registe	red Agent	
				81	Name				
Buri, Roy R. 2000 S. Ocean Blvd.				82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)		
APT. 15C				83					
BOCA RATON FL 33432				"					
				84	City		FL 85 Zip Code		
office or re agent. I an	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was at oligations of, Section 607.0505, Flor	uthonzed ida Statu	i by i utes.	tne corpo	oration	ration submits this statement for the purpos 's board of directors. I hereby accept the a	ppointment as i	registered
	Signature, typed or printed name of registered		13.	Agen	signature re	equiled v	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
12.	PST	S AND DIRECTORS DELETE	1,1 111	D F			ADDITIONS/CHANGES TO OFFICER	Change	
TITLE		El perció							
NAME	BURI, ROY R.		1.2 NA						
STREET ADDRESS	2000 S.OCEAN BLVD.#150	•			ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP				☐ Change	Addition
TITLE				2.1 TITLE				Gridings	, Dragation
NAME				2.2 NAME					
STREET ADDRESS			2.3 ST	REET	ADDRESS				}
CITY-ST-ZIP			2. 4 Cl	_	T-ZIP			☐ Change	e ☐ Addition
TITLE	☐ DELETE		3.1 TITLE						
NAME			3.2 NA						·
STREET ADDRESS					ADDRESS				ŀ
CITY-ST-ZIP			3.4. CI		T- ZIP			☐ Change	e Addition
TITLE	.			4.1 TITLE			•	← Change	Addition
NAME		ì	4.2 N						ļ
STREET ADDRESS			4.3 ST	REET	ADDRESS				l
CITY-ST-ZIP			4.4 Cf		T-ZIP			Change	2 Addition
TITLE		☐ DELETE	5.1 TF					. Change	e 🗌 Addition
NAME			5,2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5 4 C1		T-ZIP				
TITLE		☐ DELETE	6.1 Tr					☐ Change	e Addition
NAME			6.2 N				•		
STREET ADDRESS			6.3 ST	REET	ADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP