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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90032 041 \*\*\*150.00

## DOCUMENT # **H99669**

1. Corporation Name

Principal Place of Business Mailing Address 2710 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311						DO NOT WRITE IN THIS SPACE										
							3	3. Date Inc	orporated o			10 01 70				
2.	Principal Pl	ace of Business	2a. Mailing Addr	ess			4	. FEI Nurr	ber				App	lied For		
21	•		26	26				59-266	6583				Not	Applicable		
22	Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5	5. Certifcate of Status Desired					\$8.75 Additional Fee Required			
City & State			City & State	City & State			•	5. Election Trust Fu	Campaign	•	, 🗆		5.00 N Added to			
23	Zip	• <u> </u>					8	3. This corp	oration ov	owes the current year Intangible						
24	·	25 29 30						Persona	Property	Гах.		☐ Y	es [	□No		
Name and Address of Current Registered Agent							10	0. Name a	nd Addres	s of New	Registere	d Agent	<u>t &gt; </u>			
					81	Name								•		
		RWAL, AJAY K.			82	Street	Address	(P.O. Box N	Number is	Not Accep	otable)					
		E ATLANTIC BLVD				-										
	POM	PANO BCH FL 33062			83											
					84	City					F		Ι΄			
11	office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such char	ide was autho	orized by	the corp	corporati oration's	ion submits board of dir	this staten ectors. I he	nent for the ereby acc	e purpose ept the app	of chang pointmen	jing its r t as regi	egistered istered		
SI	GNATURE	Signature, typed or printed name of registered a	agent and title if applicable.	(NOTE: Reg	istered Agent	signature r	required when	n reinstating)			DATE					
12			AND DIRECTORS		13.				NS/CHANG	ES TO O	FFICERS	AND DIF	₹ECTOF	RS IN 12		
TITL		P		ELETE	1.1 TITLE			<del>'</del>					Change	Addition		
NAME		KAPUR, PREM NATH			1.2 NAME											
STREET ADDRESS		The state of the s				ADDRESS										
CITY-ST-ZIP		PLANTATION FL 140				- ZIP										
TITLE					2.1 TITLE	2.1 TITLE							hange	Addition		
NAME		KAPUR, USHA 22N							•							
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CITY-ST-ZIP		PLANTATION FL			2. 4 CITY-S	Γ-ZIP	ļ									
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NAME					3.2 NAME				500							
STREET ADDRESS					3.3 STREET	ADDRESS										
CITY-ST-ZIP				1	3.4. CITY-S	r-21P	l .			•						

6.4 CITY-ST-ZIP 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 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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

6.1 TITLE

6.2 NAME

5.2 NAME ---

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4,4 CITY-ST-ZIP

SIGNATUR	F	

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