AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine larris

Secretary of State

DIVISION OF CORPORATIONS

1999

**FILED** Jul 29, 1999 8:00 am Secretary of State 07-29-1999 90021 019 \*\*\*550.00

DOCU	MENT	# J13240	)						
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Principal Plan	ce of Busines	<u> </u>	Mailing	Address			-) I TODAKIN ASAL IKUNTA HIKA KIDIL M	ISDA GOCK KINCK BIRIT OTT	iii dedei dibit soct
145 PHELPS		•	•	ELPS AD					
RIDGEWOOD	NJ 07450			NOOD NJ 07450			DO NOT WEEK	TE IN THIS SPACE	
US			US				3. Date incorporated or Qualified	TE IN THIS SPACE	
	•					-	05/05/1986		
2. Principal	Place of Busin	ness	2a. Mai	ling Address		<del></del>	4. FEI Number	A	upplied For
21				26			59-2738005 Not Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
22			27				Fee Required		
City & Sta	<u> </u>		28 City	& State			6. Election Campaign Financing Trust Fund Contribution		to Fees
23 Zip		Country	Zip		Country	<del></del>	8. This corporation owes the cum	ent veer	
24		25	29		30		intengible Personal Property.	Yes	X-No
	9, Name	and Address of Curre	nt Registered	d Agent			10. Name and Address of New F	legistered Agent	
NA	JULT. NISSLI	EV B			81 1	Ne We	fult, JAMES F	<b>`</b>	
	OGEWOOD (				82 S		pss (P.O. Box Number is Not Accepted D. C. TAC.	ible)	
	BO WEST G				83	K.	D. C. 2xc.		
	MPA FL 336							····	
 			•		84 C	City	1	FL  85   Zlp	Code
11. Pursuar	nt to the provis	tions of sections 607.050	02 and 607.15	08. Florida Statut	es, the above ha	med corpor	tion submits this statement for the pu	irpose of changing its r	egistered
office of	r registered a	gent, or both, in the State	e of Florida. S	uch change was	authorized by the	corporation	tion submits this statement for the punishbard of directors. I hereby accept	the appointment as r	egistered
			gaucija or, soc				/	-1	\$
	: T^~	שיר וייי	alt'i V	<i>!</i>	1/7	<u> </u>	<u> </u>	7/4/99	
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applic	cable. (N	IOTE: Registered Agent	<u> </u>	red when reinstiting)	DATE   G	
12.	Signature, typed		ent and the If applic	RS (N	OTE: Registered Agent	<u> </u>	<u> </u>	DATE FICERS AND DIRECT	
12.	Signature, typed	or printed name of registered age OFFICERS AI	ent and the If applic	cable. (N	OTE: Registered Agent 13.	<u> </u>	red when reinstiting)	DATE   G	
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