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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90045 048 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **J19839**

DESIGN	IS BY ESTELLE, INC				İ		
Principal Plac	ce of Business	Mailing Address	·				1 01011 018(1 1891·
8884 HARROD	S DRIVE	8884 HARRODS DRIVE		•			
<b>BOCA RATON</b>		BOCA RATON FL 33433					
US		US			DO NOT WRI	TE IN THIS SPACE	
			•		3. Date Incorporated or Qualifed	•	
					06/17/1986		•
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21	•	26			59-2698063	N	lot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			- 0 15 1 50 1 5	_ \$8.75	Additional
22	•	27			5. Certifcate of Status Desired	Fee R	tequired
City & Sta	te	City & State			6. Election Campaign Financing	_ \$5.00	May Be
23	·	28			Trust Fund Contribution	1 1	to Fees
Zip .	Country	Zip	Countr	у	8. This corporation owes the curr	ent vear Intandible	
24	25	29	30	-	Personal Property Tax.	res Tes	□No
	9. Name and Address of Currer	<del></del>	1901		10. Name and Address of New F		
			8.	I Name			
ELP	ERN, ESTELLE M.		L				
	4 HARRODS DRIVE		82	2 Street Addre	ess (P.O. Box Number is Not Accepta	ible)	
	CA RATON FL 33433		1			and the second s	17: 17: 17: 1 (n. 14: 14: 14: 14: 14: 14: 14: 14: 14: 14:
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11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes the abov	e-named corno	pration submits this statement for the	FL purpose of changing it	s registered
office or	registered agent, or both, in the State	of Florida. Such change was a	tes, the above	ve-named corporation	oration submits this statement for the n's board of directors. I hereby accep	FL purpose of changing it	s registered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	tes, the above	ve-named corporation	oration submits this statement for the in's board of directors. I hereby accept	FL purpose of changing it	s registered
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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 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME

CITY-ST-ZIP