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

DOCUMENT # J20425

CITY-ST-ZIP

1. Corporation	OF WORK CORP. OF BOY	NTON DEACH					
FIEUE	OF WORK CORP. OF BUTI	NION DEAGH			4 1983 116 6116 11611 68111 BIRING (1881 BILL 618		0:01: 6:a:: :8a:
Principal Place of Business Mailing Address							
2121 NE 31 STREET 2121 NE 31ST STREET							
LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33			3064				
บร		US			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 06/18/1986		
	Principal Place of Business 2a. Mailing Address				4. FEI Number	I Ai	pplied For
26			-		59-2697019	No	ot Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	•	Additional equired
City & Sta	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	ZipC		ry	8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New Registere	d Agent	
BAF	RONE, PHIL		"	Name			
2121 N.E. 31 ST.			8:	2 Street Add	ddress (P.O. Box Number is Not Acceptable)		
LIGHTHOUSE POINT FL 33064			8:	3			
> ·			0.				
			84	4 City		85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1509 Florida Statut	on the abov	ua namad sam	poration submits this statement for the purpose of the poration submits this statement for the purpose of the appropriate the submits that the purpose of the submits that the submits the submits that the submits the submits that the submits that the submits that the submits the submits that the submits the submits that the submits that the submits that the subm	<u> </u>	
SIGNATURE	Signature, typed or printed name of registered ag		: Registered Age	ent signature require	ed when reinstating) DATE		
12.	DOTO		13.				RS IN 12
TITLE	PSTD DUIL	☐ DELETE	1.1 TITLE	-		☐ Change	Addition
NAME	BARONE, PHIL	404 NE 040T CTOFFT					
STREET ADDRESS	LIGHTHOUSE POINT FL			ET AODRESS			
CITY-ST-ZIP	V DELETE		1.4 CITY-5				
NAME	CARTER, KENNETH		2.1 TITLE			Change	☐ Addition
STREET ADDRESS			2.2 NAME				
CITY-ST-ZIP	LANTANA FL	MTANA EI		ET ADDRESS			
TITLE		☐ DELETE	2. 4 CITY- 3.1 TITLE	31-ZIF		Change	Addition
NAME		32					
STREET ADDRESS	3.3			T ADDRESS			
CITY-ST-ZIP	' ' '		3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME			-	
STREET ADDRESS		4.3		T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			_
TITLE		☐ DELETE	5.1 TMLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS	. 4			TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE	— · · · · · · · · · · · · · · · · · · ·		6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			1

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

1-6-59 561-989-0930

Date Dayling Phone #

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90008 031 ***158.75