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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90044 013 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J22805 1. Corporation Name

	ce of Business	NY, INCORPORATED Mailing Address					
633 S. FEDERA 8TH FLOOR	AL HWY	P.O. BOX 02-9010 FT. LAUDERDALE FL 33302-	0010				
FT. LAUDERDA	ALE FL 33301	3010	DO NOT WRITE IN THIS SPACE				
US				3. Date Incorporated or Qualife	ed .		
				07/08/1986		1 .	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number 59-2693946		<u> </u>	plied For ot Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.		-		···	Additional
22		27		5. Certifcate of Status Desired		•	equired
City & Stat	te	City & State		6. Election Campaign Financin	g 🗆	\$5.00	May Be
23		28	0	Trust Fund Contribution			to Fees
Zip 24	Country 25	Zip [3	Country ·	This corporation owes the cu Personal Property Tax.	urrent year Inta	angible □Yes	□No
24	9. Name and Address of Current		501	10. Name and Address of New	Registered /		
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81 Name		, •		
MAT	ITEL, HARVEY	4. 据《花序》	82 Street Add	Iress (P.O. Box Number is Not Accept	ntahle)	· · · · · ·	
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payer or more const	F1485.4		,		<u> </u>		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligati	f Florida. Such change was autons of Section 607 0505. Flori	thorized by the corporati	ion's board of directors. I hereby acc	ept the appoir	ntment as re	gistered
SIGNATURE				ed when rejostating):	DATE	-	
SIGNATURE		and title if applicable. (NOTE: F	Registered Agent signature require		DATE DEFICERS AN	D DIRECTO	PRS IN 12
41%	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		ed when reinstating) ADDITIONS/CHANGES TO C		D DIRECTO	PRS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature require	ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD BARNES, PHYLLIS	and title if applicable. (NOTE: F	13.	ADDITIONS/CHANGES TO C			
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD BARNES, PHYLLIS 829 SW COCONUT DRIVE FT.LAUDERDALE FL	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO C		☐ Change	☐ Addition
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 I hereby certify that the information indicated on this annual report or of officer or director of the corporation Block 12 or Block 13 if changed or SIGNATURE

upplied with this filing does pot qualify for

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an equite this report as required by Chapter 607, Florida Statutes; and that my name appears in