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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # J32925



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90051 040 ***150.00

C.	AN REALTY AND CONTRA							
Principal Plac		Mailing Address						
271 N.E. 38 STREET #C 208 271 N.E. 38 STREET #C 208 OAKLAND PARK FL 33334 OAKLAND PARK FL 33334								
OAKLAND PARK FL 33334 OAKLAND PARK FL 33334						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	,					09/12/1986		•
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-2715864		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	*	Additional lequired
- City & Stat	le	City & State :				6. Election Campaign Financing	\$5.00	May Be
23	•	28			•	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	intry	,	8. This corporation owes the current ye	ar Intangible	_/
24	25	29	30			Personal Property Tax.	☐ Yes	ØNo
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Regist	ered Agent	
D.	FROEN MARI			81	Name			
PETERSEN, KARL 271 N.E. 38 STREET #C 208				82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
							·	
UAK	(LAND PARK FL 33334			83				
				84	City	***	FI 85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (Ni	OTE: Registered	1 Agen		ad when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE	ORS IN 12
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NAME	PETERSEN, KARL J		1.2 N					
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NAME	j				T ADDRESS			
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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.

SIGNATURE:

CITY-ST-ZIP