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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J34532 CONTEMPORARY CENTERS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90016 003 ***150.00



Principal Place of Business		Mailing Address								•	
5901 SW 74TH ST.		5901 SW 74TH ST.									
SUITE 407 MIAMI FL 33143		SUITE 407 Miami FL 33143				DO NOT WRITE IN THIS SPACE					
US		US				3. Date incorporate	ed or Qualifed				
							10/01/1986			· .	
2. Principal Pl	lace of Business	2a. Mailing A	Address				4. FEI Number			<u> </u>	plied For
21		26					59-2730119	·		 _	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Sta	tus Desired		\$8.75 / Fee Re	Additional
22		27					<u>-</u> -				
City & Stat	е	City & St	tate				6. Election Campa			\$5.00 Added	May Be
23	Cavalan	28 Zin		Coun	tn/		Trust Fund Con				io rees
Zip	Country	Zip		30	u y		8. This corporation Personal Prope		rent year int	angible ∐Yes ∠	X2No
24	9. Name and Address of Curre	29 nt Registered Age	ent	1301			10. Name and Add		Registered	/	
	o. Italie and Address of Carro	it itogistorou zigo		1	B1 1	Name					
BRO	WN, GARY			ļ.,		Ctroot Ad	dress (P.O. Box Number	is Not Accept	ahla)		
5901	I SW 74TH ST.			1'	82 5	Street Au	diess (P.O. box Number	is Not Accept	aule)		
SUIT	E 407			Ī	B3	.					
MIAN	/II FL 33143				94	City				85 Zip	Code
				'	B4 (City			FL	. 63 214	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State or familiar with, and accept the obliga-	e of Florida. Such d	:hange was a	luthorized	by the	named co ne corpora	rporation submits this station's board of directors.	tement for the I hereby acce	purpose of pt the appoi	manent as re	gistered
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	e of Florida. Such c ations of, Section 6	change was a 807.0505, Flo	uthorized orida Statut	by the	e corpora	ition's board of directors.	Thereby acce	DATE	i,	gistered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this time 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 by 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

SIGNATURE: