**PROFIT CORPORATION** ANNUAL REPORT

**1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90031 026 \*\*\*150.00

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| DOCUMENT # J43879  1. Corporation Name |     |
|--|-----|
| CARTAIN HAMAYIS SHR-STATION NO. 7      | INC |

| ·  |                                     |  |   |   |
|--|-------------------------------------|--|---|---|
| Principal Place of Business  | Mailing Address                     | ì  | - I IMBILIAN BISI ALABAN ILIAN ENGIN PANTA FATI N                 | inii debis ninii debet nidit sibit indi |
| 8200 N.W. 14TH ST<br>MIAMI FL 33126  | 8200 N.W. 14TH ST<br>MIAMI FL 33126 | معامل جار الحراث   | DO NOT WRITE IN   | rule eDAAE                              |
| and the second of the second o |                                     | \$ <sup>2</sup>  | 3. Date Incorporated or Qualifed                                  | III3 SPACE                              |
|  |                                     |  | 11/24/1986  |   |
| 2. Principal Place of Business   | 2a. Mailing Address                 | ·  | 4. FEI Number   | Applied For                             |
| 21   | 26                                  |  | 59-2776292  | Not Applicable                          |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                 | . ,  | 5. Certifcate of Status Desired                                   | \$8.75 Additional                       |
| 22   | 27                                  | <u>, '/-                                   </u>  | 3. Columbia de Caras Document                                     | Fee Required                            |
| City & State   | City & State                        |  | 6. Election Campaign Financing                                    | \$5.00 May Be                           |
| 23   | 28                                  | Country  | Trust Fund Contribution   | Added to Fees                           |
| Zip Country  | Zip 30                              |  | This corporation owes the current year     Personal Property Tax. | ar intangible<br>□Yes □No               |
| 24 25 9. Name and Address of Current I   | I I                                 | !  | 10. Name and Address of New Register                              |   |
| . 5. Hamo and Address of Carrent   | togiotorou i igoni                  | 81 Name  |   |   |
| BARON, DAVID   |                                     | 82 Street Addre  | ess (P.O. Box Number is Not Acceptable)                           |   |
| 1220 BALBOA COURT  |                                     | 62) Sireet Addre   | sss (P.O. Box Number is Not Acceptable)                           |   |
| FT. LAUDERDALE FL 33326  |                                     | 83   |   |   |
|  |                                     | 84 City  |   | 85 Zip Code                             |
|  | * * * * * * * **                    | ··   |   | FL                                      |
| 11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of   | and 607.1508, Florida Statutes,     | the above-named corpo  | pration submits this statement for the purpose                    | se of changing its registered           |
| agent. I am familiar with, and accept the obligation   | ns of, Section 607.0505, Florida    | Statutes.  | in a board of directors. Thereby decopt in a                      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| SIGNATURE  | <u> </u>                            |  |   |   |
| Signature, typed or printed name of registered agent a   |                                     | sistered Agent signature required  | when reinstating) DAT ADDITIONS/CHANGES TO OFFICER                |   |
| TILE DP  | DIRECTORS                           | 13.  | ADDITIONS/CHANGES TO CITTOET                                      | Change Addition                         |
| NAME BARON, DAVID  |                                     | 1.2 NAME   |   |   |
| STREET ADDRESS 1220 BALBOA COURT   |                                     | 1.3 STREET ADORESS   |   |   |
| CITY-ST-ZIP FT LAUDERDALE FL   |                                     | 1.4 CITY-ST-ZIP  |   |   |
| TITLE DST  | ☐ DELETE                            | 2.1 TITLE  |   | ☐ Change ☐ Addition                     |
| NAME BARON, KEITH  |                                     | 2.2 NAME   |   |   |
| STREET ADDRESS 713 VERONA CT.  |                                     | 2.3 STREET ADDRESS   | _   |   |
| CITY-ST-ZIP FT. LAUDERDALE FL  |                                     | 2. 4 CITY+ST-ZIP   |   | <u></u>                                 |
| TITLE VP   | DELETE                              | 3.1 TITLE  | & cHANGE  | ☐ Change ☐ Addition                     |
| NAME KEELEY, RICHARD   | _                                   | 3.2 NAME   | 3 CHANSE  |   |
| STREET ADDRESS 8200 N.W. 14TH ST   |                                     |  | , .   |   |
| CITY-ST-ZIP MIAMI FL 33126   |                                     | 3.3 STREET ADDRESS   |   | )                                       |
| TITLE   T  | □ po ete                            | 3.4. CITY- ST-ZJ   |   | Change D Addition                       |
|  | DELETE                              | 3.4. CITY- ST-ZIP  |   | ☐ Change ☐ Addition                     |
| NAME - YANNACCONE, LAURIE  | . — -                               | 3.4. CITY-ST-ZJF<br>4.1-TITLE—   |   | ☐ Change ☐ Addition                     |
| STREET ADDRESS 8200 N.W. 14TH ST   | . — -                               | 3.4. CITY-ST-ZJA 4.1-TITLE   |   | Change Addition                         |
| STREET ADDRESS 8200 N.W. 14TH ST MIAMIA FL 33126   |                                     | 3.4. CITY-ST-ZP 4.1-TITLE - 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  |   |   |
| STREET ADDRESS 8200 N.W. 14TH ST MIAMIA FL 33126   | . — -                               | 3.4. CITY-ST-ZP 4.1-TITLE - 4.2 NAME 4.3.2-TREET ADDRESS 4.4. CITY-ST-ZIP 5.1 TITLE  |   | . Change Addition                       |
| STREET ADDRESS 8200 N.W. 14TH ST CITY-ST-ZIP MIAMIA FL 33126 TITLE VP  | ☐ DELETE                            | 3.4. CITY-ST-ZP 4.1-TITLE 4.2 NAME 4.3.5 TREET ADDRESS 4.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME                                     |   |   |
| STREET ADDRESS 8200 N.W. 14TH ST CITY-ST-ZIP MIAMIA FL 33126 TITLE VP  | ☐ DELETE                            | 3.4. CITY-ST-ZIS 4.1-TITLE 4.2 NAME 4.3-STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS                   |   | . Change Addition                       |
| STREET ADDRESS 8200 N.W. 14TH ST CITY-ST-ZIP MIAMIA FL 33126 TITLE VP  | ☐ DELETE                            | 3.4. CITY-ST-ZP 4.1-TITLE 4.2 NAME 4.3.5 TREET ADDRESS 4.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME                                     |   | . Change Addition                       |
| STREET ADDRESS CITY-ST-ZIP  MIAMIA FL 33126  TITLE  NAME  STREET ADDRESS 7/3/2/2/2/2/4 C.T.  | DELETE DELETE                       | 3.4. CITY-ST-ZIS 4.1-TITLE 4.2 NAME 4.3-STREET ADDRESS 4.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4. CITY-ST-ZIP |   | ☐ Change ☐ Addition                     |

6.4 CITY-ST-ZIP CITY-ST-ZIP 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:

SECIAL DEQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR