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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J62882

VICTOR KURISH ORAHAM, P.A.

Feb 13, 1999 8:00am **Secretary of State**

02-13-1999 90017 029 ***150.00

FILED



Principal Place	of Business	Mailing Address						
725 N. HIGHWAY AIA SUITE E-208 JUPITER FL 33477		725 N. HIGHWAY AIA Suite E-208 Jupiter Fl. 33477 US		DO NOT WRITE IN TH	· . HIS SPACE	<i>*</i>		
				3. Date Incorporated or Qualifed				
US		00			03/16/1987			
2 Dringing P	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For	
	ace of business	26			59-2801026	Not	Applicable	7
Suite, Apt.	# atc	Suite, Apt. #, etc.				\$8.75 A	dditional	
	m, etc.	27			5. Certifcate of Status Desired	Fee Red	quired	
City & State	е	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to		:
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible		
24	25	29	30		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		
				81 Name		,		
	HAM, VICTOR K.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)			:
	AMBRA OFFICE COMPLEX E E208, 725 N HWY A1A			83	411 HE 10 1 2 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2	Averall Published	Si 126 128	
	TER FL 33477			65			問期間	
3011	TERT C 33477			84 City	The second of th	85 Zip C	ode "	
794 		407 4500 Elorido Statuto	s the a	hove named corn	oration submits this statement for the purpose	of changing its	registered	
office or r	opietorod agent or both in the State (nt Florida. Such change was au	itnorizeo	o dv tne cordoratio	on's board of directors. I hereby accept the ap	pointment as rec	istered	
. ; agent. f a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Stat	utes.		•		
SIGNATURE		ANOTE:	Ossistana	Agent signature required	d when reinstation) DATE			_
12.	Signature, typed or printed name of registered agen	D DIRECTORS	13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	٥
TITLE	D	□ DELETE	1,1 TI	m.e	27 1975	☐ Change	☐ Addition	3
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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 an an attachment with an address, with all other like empowered.

SIGNATURE: