## SECOND NOFICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J69334

S.M. OF BOYNTON BEACH CORP.

## FILED Jul 15, 1999 8:00 am Secretary of State

07-15-1999 90011 025 \*\*\*550.00



WALL SHOP #7 3200 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33306		5730 NE 20TH TERRACE			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/24/1987				7
2. Principal Pla	ace of Business	2a. Mailing Address NF	20 16	ERRACE	4. FEI Number		Ap	plied For	7
	U. FEBERAL HIGHWAY				∠ 65 <del>-</del> 0002498		No	t Applicable	•
Suite, Apt. #		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22	A	27 N/4			3. Cermicale of Status Desired		ee Re	quired	<u>-</u>
City & State 23 ForT h	AUDERDALE	City & State  28 FORT LANDER DALE			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
<sup>Zip</sup> 24 333と		<del>                                    </del>	Coun 30 BA	BWARD	8. This corporation owes the current year Intangible Personal Property. Yes No				
	9. Name and Address of Current	Registered Agent		.a:	10. Name and Address of New Registe	red Agent	:	<del></del>	
DIFF	DE DOOLD		];	Name					
5730	RRE, ROGER O NW 20TH TERR.Y		L		ess (P.O. Box Number is Not Acceptable)				
FT.	LAUDERDALÉ FL 33306		[+	13					
				4 City		FL 85	Zip	Code	
office or r agent. I a SIGNATURE _	egistered agent, or both, in the State of im familiar with, and accept the obligation	f Florida. Such change was at ions of, section 607.0505, Flor	ithoriżed ida Statu	by the corporations.	ration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointmen	g its re t as re	gistered gistered	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			Agent signature requ	uired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		ECTO	DS IN 12	g
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER			Addition	(5/90)
TITLE	PVT	L DELETE	1.2 NAME			ᆜᅜ	nange	L Addition	
NAME	PIERRE, ROGER								15
STREET ADDRESS	5730 NE 20TH TERR.			ET ADDRESS					R2F034
CITY-ST-ZIP	FT. LAUDERDALE FL	<u>гдан — </u>	1.4 CITS 2.1 TITL					Addition	ت إ
TITLE	United to		1			u	nange	Addition	1
NAME			2.2 NAME 2.3 STREET ADDRESS						-
STREET ADDRESS			2.4 CITY-ST-ZIP		سي سيسب سيب سيد بيسيد				-
TITLE			3.1 TITL			Пс	hange	Addition	_
NAME		CT DECE IE	3.2 NAM	1			ilatigo		" }
STREET ADDRESS				ET ADDRESS					1
CITY-ST-ZIP			3.4 CITY						
TITLE		DELETE	4.1 TITL			Пс	hange	Addition	,
NAME			4.2 NAM				3-		
STREET ADDRESS			4.3 STR	ET ADDRESS					-
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		DELETE	5.1 TITL			CI	nange	Addition	1
NAME (			5.2 NAM	E }			-		}
STREET ADDRESS			5.3 STR	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		DELETE	6.1 TITL			C	hange	Addition	n
NAME		_	6.2 NAM	E					
STREET ADDRESS			6.3 STRI	ET ADDRESS					-
				-ST-ZIP					- 1

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.

**SIGNATURE** 

ROGERS PIER RESIGNING OFFICER OR DIRECTOR

07/02/99 (954-776-0450