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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

	VIEN # J84001									
1. Corporation										
RENDLO	d CONF.					2 100 1120 DERE 1021 ATOS DATE APPRILLED	II BIBN BIBN	OBBU DIE	OT CHUCKEU	
Principal Place	of Business	Mailing Address								
222 LAKEVIEW	AVE	222 LAKEVIEW AVE								
#260 #260						DO NOT WEITE IN T	IIC CDAC	_		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401)1			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
US		US		•		07/23/1987				
	ace of Business	2a. Mailing Address				4. FEI Number	-		lied For	
21 331 5	-County Kd.	26			59-2831787			Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			÷ .	5. Certificate of Status Desired			dditional	
22		27						ee Req	-	
City & State	mBenou Fl.	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip_	Country	Zip	Zip Country			8. This corporation owes the current year	Intangible			
241334	2 5 25	293	30			Personal Property Tax.				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Register	ed Agent			
			81	' '	Name					
KOEPPEL, JOEL P.				2 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		-	-	
222 LAKEVIEW AVE]					_	
#260				3		·				
WES	T PALM BEACH FL 33401		84	٠,	City		- 85	Zip C		
					•		·L			
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was all	monzea ov	v ine	amed corpo e corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	of chang pointment	ing its r as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered ager	A and Atte of applicable (NOTE: 1	Pagistared Age	ant si	ionatura raquired	when reinstating) DATE			`	
12.		ID DIRECTORS	13.		griatore redonce	ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR	RS IN 12	
TITLE			1.1 TITLE		-	,100110,10110,10110		hange	Addition	
NAME	GOLDNER, NORBERT		1.2 NAME							
STREET ADDRESS	331 S. COUNTRY RD.		1.3 STREE		DRESS				ļ	
	PALM BCH. FL 33480			1.4 CITY-ST-ZIP		•				
CITY-ST-ZIP			2.1 TITLE				C	hange	Addition	
NAME			2.2 NAME							
STREET ADDRESS	4 44		2.3 STREE	ET AC	DORESS	•				
CITY-ST-ZIP			1	2.4 CITY-ST-ZIP						
TITLE	TABLE DESCRIPTE DO TOO	☐ DELETE	3.1 TITLE					hange	Addition	
NAME .			3.2 NAME			•				
STREET ADDRESS	-		3.3 STREE	ET AL	DORESS					
CITY-ST-ZIP			3.4. CITY-		1					
TITLE			_	4.1 TITLE			c	hange	☐ Addition	
NAME			4. 2 NAME	Ξ						
STREET ADDRESS			4.3 STREE	FT A!	ODRESS					
	,		4.4 CITY-S							
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		" 		c	hange	Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	ET AC	DDRESS				ļ	
i			5.4 CITY-							
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITLE				c	hange	☐ Addition	
NAME		<u> </u>	6.2 NAME							

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 of 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 a attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS