## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION CF CORPORATIONS** 

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90184 023 \*\*\*150.00

DOCUN 1. Corpo ation TEMP5 II		ü					
Principal Place	of Business	Mailing Address				HI BIBII BIBII BIBII	616ft 448ft 148f
1500 N.W. 49TH ST #500 SUITE 550 FT LAUDERDALE FL 33309		1500 N.W. 49TH ST #500 SUITE 550 FT LAUDERDALE FL 33:09		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
- <del></del>		Do Mailing Address			07/21/1987 4. FEI Number		plied For
2. Principal Place of Business		2a. Mailing Address 26			65-0003538	<u>-</u>	t Applicable
Suite, /\pt. #, etc.		Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired	• -	quired
City & State		City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible    Yes	<b>≨</b> No
24	25 Curren	. <del></del>	30		Personal Property Tax.  10. Name and Address of New Register		UNU
	9. Name and Address of Currer	Registered Agent	81	Name	10. Italiic and Address of their register	··9•··ĸ	
DICKSTEIN, JOEL R 1500 N.W. 49TH STREET, SUITE 500 FT. LAUDERDALE FL 33309			82		ress (P.O. Box Number is Not Acceptable)		
ı			84	City		85 Zip	Code
office or re agent. I ar SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the obligation of the original of the off registered age	of Florida. Such change was au mions of, Section 607.0505, Flor	uthorized by rida Statutes  Registered Agen	the corporate	oration subm ts this statement for the purpose on's board of directors. I hereby accept the ap		
12.		DIRECTORS	13.	<del></del> _	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
TITLE	PST NOTE IN THE P	☐ DELETE	11TITLE			Change	☐ ¥@pigeti
NAME	DICKSTEIN, JOEL R.	ın.	1.2 NAME	ADDRESS			{
STREET ADDRESS	1500 N.W. 49TH STREET, #50	N.	13 STREET				
CITY-ST-ZIP TITLE	FT LAUDERDALE FL		1.4 C/TY-S* 2.1 T/TLE	1-ZIP		Change	Addition
NAME	C PETELE		2.1 NAME			_ •	
STREET ADORESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2 4 CITY-S				
TITLE	☐ DELETE		3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			\
CITY-ST-ZIP	<u></u>		3.4 CITY-S	T-ZIP			
TITLE	· — · — · — · — · — · — · — · — · — · —	☐ DELETE	41TITLE			☐ Change	☐ Addition \
NAME			4. 2 NAME				j
STREET ADDRESS			4.3 STREET	i			j
CITY-ST-ZIP		Contests	4.4 CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	5 1 TITLE 5.2 NAME			□ Onange	
NAME			5.2 NAME 5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-S				
CITY-ST-ZIP		□ DELETE	6.1 TITLE			☐ Change	Addition
NAME		₩ 2555.E	62 NAME			_ •	_
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-SY-ZIP			6.4 CITY-S	T-ZIP			

14. 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 suppliemental 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL DICKSTEIN

4/22/99

(954) 776-4477

Daytime Phone #