Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

## 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 OF CORPORATIONS

## DOCUMENT # **J92589**

DRAGANI, RAYMOND J.

663 MIDDLE RIVER DRIVE

Principal Place of Business	Mailing Address
2022 N.E. 18TH ST. FT. LAUDERDALE FL 33305	663 MIDDLE RIVER DR FT LAUDERDALE FL 33304 US
<del>-</del> i ' .	2a. Mailing Address
<del>-</del> i ' .	<u> </u>
Suite, Apt. #, etc.	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.  City & State	26 Suite, Apt. #, etc.
22	Suite, Apt. #, etc. 27 City & State

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90127 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/14/1987 4. FEI Number

65-0005037

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

FT. LAUDERDALE FL 33304			3							
		8	4 Ci	ty			FL	85 Zip	Code	
						for the pure		nnging it	e registered	
affica at t	to the provisions of Sections 607.0502 and 607.1508, Florida Statut egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Flo	iutnorizea d	v tne	med corporation corporation's be	n submits this state pard of directors. I i	ment for the purp nereby accept the	appointn	anging it ient as r	egistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHAN	GES TO OFFICE	RS AND	DIRECT		
TITLE	PVST DELETE	1,1 TITLE	1,1 TITLE				C	_ Change	→ Addition	
NAME	DRAGANI, RAYMOND J.	1.2 NAME	1.2 NAME							
STREET ADDRESS	663 MIDDLE RIVER DR	1.3 STREET ADD		RESS					1	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY	1.4 CITY-ST-ZIP							
TITLE	DELETE	2.1 TITLE	:				[	Change	e ☐ Addition	
NAME		2.2 NAME	Ē							
STREET ADDRESS		2.3 STRE	ET ADD	RESS						
CITY-ST-ZIP		2. 4 CITY	-ST-ZIP							
TITLE	DELETE	3.1 TITLE					[	_ Change	Addition	
NAME		3.2 NAMI	Ē						ł	
STREET ADDRESS		3.3 STRE	ET ADD	RESS						
CITY-ST-ZIP		3.4. CITY	-ST-ZIP	<u> </u>						
TITLE	DELETE	4.1 TITLE	4.1 TITLE				[	Change	Addition	
NAME		4. 2 NAM	É						ł	
STREET ADDRESS		4.3 STRE	ET ADD	RESS					}	
CITY-ST-ZIP		4.4 CITY	ST-ZIP							
TITLE	DELETE	5.1 TITLE	•		•		.[	_ Change	Addition	
NAME		5.2 NAM	Ē							
STREET ADDRESS		5.3 STRE	ET ADD	RESS					ì	
CITY-ST-ZIP		5.4 CITY								
TITLE	DELETE	6.1 TITLE	6.1 TITLE				[	] Change	Addition	
NAME		6.2 NAM	E						ļ	
STREET ADDRESS		6.3 STRE	ET ADD	RESS					ļ	
CITY-ST-ZIP		6.4 CITY							}	
14. I hereby	certify that the information supplied with this filing does not qualify for	or the exem	ption s	tated in Section	n 119.07(3)(i), Flori	da Statutes. I furt	her certify	that the	information	

4. 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 informatio 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 eath; 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:

LAGANI 1/30/99 God

954-566-8610 Daytime Phone #