## 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** 

_		$\overline{}$	
DOCL	<b>JMENT</b>	#	J93269

1. Corporation Name E.A.S.E., INC.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90042 039 \*\*\*150.00



Principal Plac	e of Business	Mailing Address				•	
4000 N 36TH AVE 4000		4000 N 36TH AVE					
HOLLYWOOD I	FL 33021	HOLLYWOOD FL 33021			DO NOT WRITE IN THIS S	DACE	
					3. Date Incorporated or Qualifed	AOL	<del></del>
					~09/14/1987·		
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TIA	pplied For
21	idoo of Basiliosa	26			65-0013892		lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certifcate of Status Desired	<b>-</b> - · · -	Required
City & Stat	8	City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intan	gible	
24	25	29 30	)			Yes	<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Ag	jent	
			8	1 Name D	PATRICIA BRONFMAN		
	AL, NORMAN I.	•	8		ddress (P.O. Bax Number is Not Acceptable)		
	DIT BANK PLAZA, 2ND FL.		`		1000 N 36 AVE		
	I LEJEUNE RD		8	3	Harristano		
COF	IAL GABLES FL 33134			4 02	HOLLYWOOD	85 Zip	Code
	•		8	4 City	FL		2021
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the abo	ve-named co	orporation submits this statement for the purpose of ch	anging it	s registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was auth	orized b	y the corpora	ation's board of directors. I hereby accept the appoint	ment as n	egistered
	Foliage !	non Iman	. Oldidi.		Mari	16.19	799 1
SIGNATURE	Signature typed or printed name of registered ap	775-7	gistered Aç	ent signature requ	utred when reinstating) DATE	<del>-) · ·</del>	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	e
NAME	BRONFMAN, PATRICIA		1.2 NAMI	:			
STREET ADDRESS	4000 N. 36TH AVE.		1.3 STRE	ET ADORESS			Į
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY	ST-ZIP			}
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAMI	:	بالأعطارة المعتقر فيعتميني ويعتميني مطيوان يرازي الأرابي الأرابي		·
STREET ADDRESS	·		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME	, i		3.2 NAM	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			ļ
CITY-ST-ZIP			3.4. CITY	-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	:		Change	Addition
NAME	. •		4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
City-ST-ZIP			4.4 CITY	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAM	[ ]			]
STREET ADDRESS			5.3 STRE	ET ADDRESS			}
CITY-ST-ZiP			5.4 CITY	\$1-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition

CITY-ST-ZIP 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 oranged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS