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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

·	UAL REPOR	RT C			B. Morths ary of State CORPORA		Secreta	ry of S	tate
	MENT # on Name NY M. LEWI	J9501 4 s, d.d.s., p.a		(3)			. 	AL DÍRM DIÐR ÐJUM ÁNDI Í D	Rūsi klūlis kans
Principal Place of Business % ANTHYONY M. LEWIS 21073 POWERLINE ROAD, SUITE 51 BOCA RATON FL 33433			Mailing Address % ANTHYONY M. LEWIS 21073 POWERLINE ROAD. SUITE 51 BOCA RATON FL 33433-2311				3. Date Incorporated or Qualified 3a. Date of Last Report		
2. Principal	Place of Business	S	2a. Ma	ailing Address			09/28/1987 4, FEI Number	04/29/199	Applied For
Suite, Apt #, etc			26 Suite, Apt. #, etc.			····	NOT APPLICABLE 5. Certificate of Status Desired	- 1	Not Applicable
								1 7	5 Additional Required
City & Sta	ite		27 Cit	City & State			6. Election Campaign Financing		O May Be
23			28				Trust Fund Contribution		ed to Fees
Zip		Country	Zip)	Cour	ntry	 This corporation has liability for Florida Statutes 	r intangible tax unde Yes No	r s. 199.032,
24	g Name and	d Address of Curre	29] ent Registere	d Agent	30		10. Name and Address of New R		·
LE	WIS, ANTHONY					81 Name			
	073 POWERLIN	IE ROAD			ŀ	82 Street Add	dress (P.O. Box Number is Not Accepta	able)	
	ITE #51	00400				B3	<u></u>	· 	····
BO	ICA RATON FL	. 33433			}	63			
					Ţ	64 City		FI 85 Z	ip Code
	recolored poorl	or both in the Stat	An - C Final - 6	0		by the season			
office or agent. I SIGNATURE		and accept the obli					rporation submits this statement for the ation's board of directors. I hereby accounted when reinstating)	opt the appointment	as registered
SIGNATURE	Signature typicalong	ninted name of registered a		plicable (NC	OYE: Registered	Agent signature requ		DATE ICERS AND DIRECT	ORS IN 12
SIGNATURE 12. HITLE	Sgrature typicolorip	orinted namic of registered a OFFICERS A	agent and little if ap	picable (NC	TE: Registered	Agent signature requ	uired when reinstating)	DATE	ORS IN 12
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