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

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90069 046 ***150.00

DOCUMENT # K00643

1. Corporation	LDERS, INC.								
Principal Place	of Business	Mailing Address				i ibbidili dii Bbisi filio dizii aidan	1911 B3811 B1611 8181	II QIQII UI	(BIS BIBS) 1881
22065 LAS BRISAS CIR #406 22065 LAS BRISAS CIR #406 BOCA RATON FL 33433 BOCA RATON FL 33433						DO NOT WRITE	IN THIS SDAC	'E	
US		US			<u> </u>	3. Date Incorporated or Qualifed	IN THIS SPAC	, Li.	
}					} .	10/30/1987			
2. Principal P	lace of Business	2a. Mailing Address		cd		4. FEI Number	· ·	App	plied For
21 7285	65W.53M Ave	26 22 856	, <u>S</u> W_4	53A	ue	59-2862629		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		 <u> </u>		5. Certifcate of Status Desired	, , , , , , , , , , , , , , , , , , , ,		dditional
22		27				5. Certificate of Status Desired.		ee Re	guired
City & State	A RATON, Fl.	City & State	Ruto	N. Fl	,	6. Election Campaign Financing Trust Fund Contribution		5.00 to	May Be o Fees
Zip	Country	Zip		untry (2	.(_	8. This corporation owes the curren	·		XĴNo
24 55	133 25 PALM BCh	29 5343	3 30 7	<u>sim Bo</u>		Personal Property Tax. Name and Address of New Re	gieterod Agent		ZINO
<u></u>	9. Name and Address of Current F	Registered Agent		81 Name		U. Name and Address of New Ke	gistered Agent	<u>'</u>	
WEINBERG, STEVEN A. 8000 PETERS RD.					Address	(P.O. Box Number is Not Acceptable	e)		
PLA	NTATION FL 33324			83			•		
				84 City			FL 85	Zip C	ode
11. Pursuant office or re agent. La	to the provisions of Sections 607,0502 agistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	ns of, Section 607.050	5, FIORICA STA	above-named of by the corporatutes.		·	urpose of chang the appointmen	ing its t as:reg	registered jistered
12.	OFFICERS AND		13		,—-	ADDITIONS/CHANGES TO OFFI			
TITLE	PD	, 🗀 DELE	1	mre)			MG	hange	Addition
NAME	HOCKEBORN, VINCENT P.,JR			VAME	00	856 SW. 537d	AUC.		
STREET ADDRESS	22065 LAS BRISAS CIR #406			STREET ADDRESS	20	856 300 55	2247	٦,	
CITY-ST-ZIP	BOCA RATON FL 33433	DELE		CITY-ST-ZIP	120	CA NATION PI		hange	Addition
TITLE		_ 5(1)	1.	VAME]		٠	J.	
			1	STREET ADDRESS	,				
STREET ADDRESS				CITY-ST-ZIP					
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NAME				VAME	}				
STREET ADDRESS	l .			STREET ADDRESS					
) I				CITY-ST-ZIP	ĺ				
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NAME				NAME					
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CITY-ST-ZIP			1	CITY-ST-ZIP]				
TITLE		☐ DELE		IIILE				hange	☐ Addition
NAME				NAME			. ,		
STREET ADDRESS			5.3 5	STREET ADORESS		ŕ			

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 of 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4-2-99

561-883-01c

☐ Change

☐ Addition