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CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **K19471**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

PROFIT

Secretary of State DIVISION OF CORPORATIONS

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90011 019 ***150.00

	AL NEON OF BROWARD,									
Principal Place of Business Mailing Address										
4588 NE 6TH AVE OAKLAND PARK FL 33334 OAKLAND PARK FL 33334					- 1			92 (1)		
UARLAND FARR FL 33334 UARLAND FARR FL 33334							DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorpora				}
					İ	03/24/1988			*	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number			Ar	oplied For
21		26				65-0096041	•		No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of St			*****	Additional equired
City & Stat	ie .	City & State				6, Election Camp	nian Financina	•		May Be
23		28				Trust Fund Co				to Fees
Zip	Country	Zip	Count	у		8. This corporation		rent vear in		
24	25	29	30			Personal Prope		, , , , , , , , , , , , , , , , , , , ,	☑ Yes	□No
	9. Name and Address of Cur				1	0. Name and Ad		Registered	Agent	
GER	HARDT, ROBIN		8	1 Name	•				•	•
4588	S'NE 6TH AVE	•	8	2 Street	Address	(P.O. Box Numbe	r is Not Accept	table)	6 3 / 2 * * *	er * * . c
OAK	LAND PARK FL 33334		8	3						
		Tr.	8	4 City				FL	85 Zip	Códe
	to the provisions of Sections 607.0	0502 and 607 1508. Florida Statute:	s. the abo	ve-named	i corporati	ion submits this st	atement for the	purpose of	changing its	registered
office or r	m familiar with, and accept the obl	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized b da Statute	y the con			. I hereby acce		intment as re	egistered
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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 changed or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP