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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K65950

Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90044 009 ***150.00

BEMA, II	NC.						- 1				#1#41 BIB14 4B#1
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Principal Plac	e of Business	Ma	ailing Address								
2301 S. ANDRE	EWS AVE		OT CARAMBOLA CIR N				\ \				
FT. LAUDERDALE FL 33316 COCONUT CREEK FL 33066								DO NOT WRIT	E IN THIS	SPACE	
US	•	US	i				-	3. Date Incorporated or Qualifed	E IN THIS	JEAUE_	
							- 1	02/15/1989			
		- 1 -	NA-10- Addison					4. FEI Number			pplied For
	Place of Business	<u> </u>	Mailing Address					65-0108514			ot Applicable
21	<u> </u>	26	Cuite Ant # ntn					00-0100014			Additional
Suite, Apt.	. #, etc.	27	Suite, Apt. #, etc.					5, Certifcate of Status Desired		•	equired
City & Stat	te · · · · · · · · · · · · · · · · · · ·	- 1	City & State			- ^= *	- +	6. Election Campaign Financing		\$5.00	May Be
23		28	•					Trust Fund Contribution			to Fees
Zip	Country	 -	Zip	Cou	intry			8. This corporation owes the curre	ent year In	tangible	
24	25	29		30			1	Personal Property Tax.		☐ Yes	I ZNo
<u>-71</u>	9. Name and Address of Curr		tered Agent	11	I.			10. Name and Address of New R	egistered	Agent	
		¥			81	Name					
	RNFELD, DANNY 1 CARAMBOLA CIR N				82	Street A	ddress	(P.O. Box Number is Not Accepta	ible)		
	CONUT CREEK FL 33066				83						
	·				84	City			FL	85 Zip -	Code
11. Pursuant	to the provisions of Sections 607.0	502 and 6	07.1508, Florida Statut	es, the a	bove	e-named c	огрога	ition submits this statement for the	purpose o	f changing it	s registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florin	ta. Such channe was a	uthorized	d by 1	the comor	ration's	s board of directors. I hereby accep	it the appo	intment as r	egisterea
SIGNATURE											
									DATE		
	Signature, typed or printed name of registered a				i Agent	t signature rec	quired wh	nen reinstating)	DATE SICERS AL	ND DIRECTI	ORS IN 12
12.	Signature, typed or printed name of registered a OFFICERS		CTORS	13.		t signature rec	quired wh	nen reinstating) ADDITIONS/CHANGES TO OF			
TITLE	Signature, typed or printed name of registered a OFFICERS			13.	TLE	t signature rec	quired wh			ND DIRECT	
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TITLE	Signature, typed or printed name of registered a OFFICERS D KORNFELD, DANNY 3901 CARAMBOLA CIR N		CTORS	1.1 TI 1.2 N/ 1.3 S	TLE AME TREET	ADDRESS	quired wh				
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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.

SIGNATURE: