## 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 22, 1999 8:00 am Secretary of State

04-22-1999 90089 038 \*\*\*150.00

## 

DOCUMENT	#	1/00004
DOCOMENT	$\boldsymbol{\pi}$	. NNMN>4
1. Corporation Name		110001

CILL-Z CORP.

Principal Place of Business

DOST OFFICE BOY 400723

Mailing Address

POST OFFICE BOX 402723

MIAMI BEACH FL 33140 MIAMI BEACH FL 33140			DO NOT WRITE IN THIS SPACE				
•					3. Date Incorporated or Qualifed . 03/02/1989		
2. Principal Place of Busi	ness	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0103043	Not Applicable	
Suite, Apt. #, etc.	سا شياء د يو با	Suite, Apt. #, etc.	_	-+ -	5. Certificate of Status Desired	* \$8.75 Additional* Fee Required	
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Cor 29 30	untry		This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
FRIEDLAND, A	I I AN		81				
4270 N. MICHIGAN AVE.		82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI BEACH	FL 33140		83				
	•		84	City	F	85 Zip Code	
44 Consumpt to the provide	sings of Sections 607 0502	and 607 1508 Florida Statutes the	hove	-named como	ration submits this statement for the purpose of	of changing its registered	

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature i	required when reinstating)	DATE				
12.	OFFICERS AND DIRECTORS	13.						
TITLE	DP DELE	TE 1.1 TITLE		☐ Change	☐ Addition			
NAME	FRIEDLAND, ALLAN	1.2 NAME	1					
STREET ADDRESS	4270 N. MICHIGAN AVENUE	1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP		•				
TITLE	DST DELE	TE 2.1 TITLE		☐ Change	☐ Addition			
NAME	FRIEDLAND, PRISCILLA	2.2 NAME	1					
STREET ADDRESS	4270 N. MICHIGAN AVENUE	2.3 STREET ADDRESS		•	•			
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	- 7 · · · ·					
TITLE	☐ DELE			Change	Addition			
NAME		3.2 NAME	1	,				
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELE	TE 4.1 TITLE		☐ Change	Addition			
NAME		4.2 NAME	1					
STREET ADDRESS	*	4.3 STREET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP	·					
TITLE	☐ DELE	TE 5.1 TILE		Change	☐ Addition			
NAME		5.2 NAME		•				
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP						
TITLE	☐ DELE	TE 6.1 TITLE		☐ Change	☐ Addition			
NAME	, ,	6.2 NAME	]					
STREET ADDRESS		6.3 STREET ADDRESS			į			
CITY-ST-ZIP		6.4 CITY-ST-ZIP						
7.	and the state of t	100 0 11 11 11	41. C-41. 440 02/01/1 Florida Ctotal	نسل مماله هم طلق م <u>مالة ممالة من ممالة من الله الله الله المنا</u>	£			

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 sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed office an attachment with an address, with all other like empowered.

**SIGNATURE:**