CR2E034 (11/98

## 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 Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90123 032 \*\*\*150.00

## **DOCUMENT # K71691**

**BOCA RATON FL 33432** 

CITY-ST-ZIP

Principal Plac	e of Business	Mailing Address	
Principal Place of Business 1600 S. DIXIE HWY. SUITE 1-C BOCA RATON FL 33432		1600 S. DIXIE HWY. SUITE 1-C BOCA RATON FL 33432	
2. Principal F	lace of Business	2a. Mailing Address	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	
City & Sta	te	City & State	
Zip <b>24</b>	Country 25	Zip Countr 29 30	у
	9. Name and Address of Co	rrent Registered Agent	

	DO NOT WRITE IN	THIS SPACE			
3.	Date Incorporated or Qualifed				
4.	03/09/1989 FEI Number	T	Applied For		
	59-1002907		Not Applicable		
5.	. Certificate of Status Desired	• -	\$8.75 Additional Fee Required		
6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
8.	. This corporation owes the current yearsonal Property Tax.	ar Intangible	i □No		
10	Name and Address of New Register	ered Agent			
ddress (I	P.O. Box Number is Not Acceptable)				
		85	Zin Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 / (NOTE istered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change □ DELETE 1.1 TITLE TITLE WALDNER, CHARLES E., JR. 1.2 NAME NAME 1600 S. DIXIE HWY. SUITE 1-C 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE TITLE 2.1 TITLE WALDNER, MARJORIE 2.2 NAME NAME 1600 S. DIXIE HWY. SUITE 1-C 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition ☐ DELETE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS

84 City

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 collocation 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: WALLE SIGNATURE AND GO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE SIGNATURE AND GO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF SIGNING OFFICER OF OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFICER OFFI