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PROFIT ( CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K82937 1. Corporation Name

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90026 042 \*\*\*150.00

| imrek 8  | CUMPANXXP.A.  |  |   |   |  |                                      |  |
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| wild r   |   |  | `.  |   |  |                                      |  |
| Dringing! Blace  | of Business   | Mailing Address  |   |   |  | 1000 CERT BIEN BIEN BIEN BIEN        | Bil Dibil Bibli iobi                               |
| IMBER & COMP   | 83EX:317:   | IMBER & COMPANY  |   |   |  | •                                    |  |
| 1031 NO MIAMI  |   | 1031 NO MIAMI BEA  |   |   | •  |                                      |  |
| NO MIAMI BEA   | CH FL 33162   | NO MIAMI BEACH F   | L 33162   |   |  | RITE IN THIS SPACE                   | ·  |
| us   | \$740 P   | US ·   |   |   | 3. Date Incorporated or Qualife  | <b>d</b>                             | į.   |
|  |   |  |   |   | 04/24/1989   | ·                                    |  |
| <b>—</b>   | ace of Business   | 2a. Mailing Address  | S   |   | 4. FEI Number  |                                      | Applied For  |
| 21   |   | 26   |   |   | 65-0109965   |                                      | Not Applicable                                     |
| Suite, Apt.  | * * *   | Suite, Apt. #, et  | ic.   |   | 5. Certificate of Status Desired   | T -                                  | 5 Additional<br>Required                           |
| City & State   | *   | City & State   |   |   | 6. Election Campaign Financing   |                                      | 00 May Be  |
| <b>⊢</b> '   |   | 28   |   | •   | Trust Fund Contribution  |                                      | ed to Fees   |
| Zip  | Country   | Zip  | Co  | ountry  | 8. This corporation owes the cu  |                                      |  |
| 24   | 25  | 29   | 30  | •   | Personal Property Tax.   | Yes                                  | <b>₩</b> No  |
| 24   | 9. Name and Address of Curr   |  | [55]  | <u> </u>  | 10. Name and Address of New  | Registered Agent                     |  |
|  | 19 A 18 A   |  |   | 81 Name   |  |                                      |  |
|  | R, BARRY A  |  | '   | 82 Street   | Address (P.O. Box Number is Not Accep  | tahle)                               |  |
|  | no miami Beach Blvd.  |  |   | July Sueer  | Address (F.O. Box Number is Not Accep  | industry<br>The state was the a      | n. sep   |
| NO I   | MIAMI BEACH, FL 33162   |  |   | 83  |  | and the same of the same             |  |
|  |   |  |   | 84 City   |  |                                      | ip Code  |
|  | Salah Salah<br>Salah Salah  |  |   | '   |  | FL                                   | ·  |
|  | Table 1   | 500 CO7 4500 Florida   |   |   |  | e numose of changing                 | its registered                                     |
| 11. Pursuant   | to the provisions of Sections 607.0   | ouz and our 1506, Florida  | Statutes, the   | above-named   | corporation scomits this statement for the   | ont the appointment as               | ronictorod   |
| 11. Pursuant office or n   | to the provisions of Sections 607.0<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the obli          | te of Florida. Such change<br>gations of, Section 607.050                            | Statutes, the<br>was authoriz<br>05, Florida St   | above-named<br>ed by the corpo<br>atutes.   | corporation submits this statement for the oration's board of directors. I hereby according to the control of the corporation o | ept the appointment as               | -registered  |
| agent. Fai   | to the provisions of Sections 607.0<br>egistered agent, or both, in the Stat<br>m familiar with, and accept the obli          | te of Flonda. Such change<br>gations of, Section 607.050                             | Statutes, the<br>was authoriz<br>05, Florida Sta  | above-named<br>ed by the corpo<br>atutes.   | corporation submits this statement for the<br>oration's board of directors. I hereby acc   | ept the appointment as               | registered   |
| SIGNATURE  | m familiar with, and accept the obli-   | gations of, Section 607.036  | (NOTE: Register   | atutes.<br>ed Agent signature r   | equired when reinstating)  | DATE                                 |  |
| SIGNATURE  | m familiar with, and accept the oblig<br>Signature, typed or printed name of registered a<br>OFFICERS A                       | gations of, Section 607.050 gent and title if applicable. AND DIRECTORS              | (NOTE: Register   | ed Agent signature r<br>3.  | •  | DATE<br>FFICERS AND DIREC            | TORS IN 12   |
| SIGNATURE  12. TITLE   | Signature, typed or printed name of registered a  OFFICERS A  | gations of, Section 607.036  | (NOTE: Register   | ed Agent signature r  TITLE   | equired when reinstating)  | DATE                                 | TORS IN 12   |
| SIGNATURE  12. TITLE NAME  | Signature, typed or printed name of registered a  OFFICERS A  P  IMBER, BARRY A.  | gent and title if epplicable.  AND DIRECTORS   | (NOTE: Register  13 ETE 1.1   | ed Agent signature r  3.  TITLE  NAME   | equired when reinstating)  | DATE<br>FFICERS AND DIREC            | TORS IN 12   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS   | Signature, typed or printed name of registered a OFFICERS / P IMBER, BARRY A. 1031 NORTH MIAMI BEACH                          | gent and title if applicable.  AND DIRECTORS  DELI  BOULEVARD                        | (NOTE: Register 13 ETE 1.1 1.2  | ed Agont signature r  3.  TITLE  NAME  STREET ADDRESS   | equired when reinstating)  | DATE<br>FFICERS AND DIREC            | TORS IN 12   |
| SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Signature, typed or printed name of registered a  OFFICERS A  P  IMBER, BARRY A.  | gent and title if applicable.  AND DIRECTORS  DELI  BOULEVARD                        | (NOTE: Register 13 ETE 1.1 1.2 1.3  | ed Agont signature r 3. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | equired when reinstating)  | DATE FFICERS AND DIREC               | ETORS IN 12  |
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CITY-ST-ZIP 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #