**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K93863**

1. Corporation Name

## FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90122 041 \*\*\*158.75

Principal Place 19667 TURNBER SUITE GR-27		Mailing Address 19667 TURNBERRY WAY SUITE CR-27 NORTH MIAMI BEACH FL 3318		DO NOT WRITE IN  3. Date incorporated or Qualifed  06/08/1989	
2 Principal P	lace of Business .	2a. Mailing Address		4. FEI Number	Applied For
	Table of Boomeso	26		65-0129185	Not Applicable
21 1976	Green 07 Turnbetry Way Apt. 28L Aventura FL 33180	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	AVERTURA I E 33160	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ar Intangible MarYes □No
24	9. Name and Address of Curi	29 30	<u> </u>	Personal Property Tax.  10. Name and Address of New Registr	
1966 NOR	EN, ELAINE K. 57 TURNBERRY WAY 1TH MIAMI BEACH FL 33180		83 84 Ci.,	Green 19707 Turnberry Way Apt. 28L Aventura FL 33180	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	Signature, typed or printed name of registered		the above-named corporation to a Statutes.  Statutes.  Grant Statutes and the second s	oration submits this statement for the purpo on's board of directors. I hereby accept the a d when reinstating)	
TITLE	PD	☐ DELETE	1.1 TITLE	Green	Change Addition
NAME STREET ADDRESS	GREEN, GEORGE	'GR	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	19707 Turnberry Way Apt. 28L Aventura FL 33180	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPD GREEN, ELAINEK 19667 TURNBERRY WAY	☐ OELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Green 19707 Turnberry Way Apt. 28L Aventura FL 33180	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	N. MIAMI BEACH FL	DELETE	2.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		_
CITY+ST-ZIP TITLE NAME		☐ DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRESS		

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.