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PROFIT CORPORATION : ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L08739

JONATHAN M. SARGHIR, P.A.

JONATH	NY WE SADGETTE, I A								
Principal Place	of Business	. Mailing Address							
7907 W MCNAB RD TAMARAC FL 33321 US		7907 W MCNAB TAMARAC FL 33321 US			DO NOT WR	ITE IN THIS S	PACE		
					1	Date Incorporated or Qualifed 08/10/1989	!		
2. Principal Pl	ace of Business	2a. Mailing Address		-		FEI Number			lied For
21		26				<u>65-0132582</u>			Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 Ad Fee Req	
City & State		City & State			6.	Election Campaign Financing	П	\$5.00 N	
23	•	28				Trust Fund Contribution		Added to	Fees
Zip ·	Country	Zip	Country	1		This corporation owes the cur			
24	25	29	30			Personal Property Tax.			No
	9. Name and Address of Current	Registered Agent		1 A1	10.	Name and Address of New	Registered A	gent	
	GHIR, JONATHAN M.		81	Name Street Addr	ress (P	O. Box Number is Not Accep	table)		
1	W MCNAB RD ARAC FL 33321		83	Street Addi	1000 (1 .	10 (Attack to the control of the con	- 1	175 7/85	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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,	to the provisions of Sections 607.0502		84				<u>FL</u>	85 Zip C	
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SIGNATURE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOT	E: Registered Ager	· ,	ed when re	oinstating) ADDITIONS/CHANGES TO O	DATE	DIRECTOR	
SIGNATURE	m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOT	E: Registered Ager 13. 1.1 TITLE	· ,	ed when re	einstating) 5 3 3	DATE		
signature 12.	Signature, typed or printed name of registered agent OFFICERS AND DPV SABGHIR, JONATHAN M.	and title if applicable. (NOT	E: Registered Ager 13. 1.1 TITLE 1.2 NAME	nt signature require	ed when re	oinstating) ADDITIONS/CHANGES TO O	DATE	DIRECTOR	
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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 changed; or on an alactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE

STREET ADDRESS

"EWUIKED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90001 007 ***150.00