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

DOCUMENT # L25708

Corporation Name

SIGNATURE:

Principal Place of Business	Mailing Address				
% BRUCE W. DRUCKERMAN 8972 SW 49 COURT COOPER CITY FL 33328	% BRUCE W. DRUCKERMAN 8972 SW 49 COURT COOPER CITY FL 33328				
	A Marillan Address				
2. Principal Place of Business	2a. Mailing Address				
2. Principal Place of Business 21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.				
21	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

FILED Feb 11, 1999 8:00am Secretary of State

02-11-1999 90013 020 ***150.00

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

10/25/1989 4. FEI Number

65-0215792



DO NOT WRITE IN THIS SPACE

Applied For

\$5.00 May Be

Added to Fees

Not Applicable
\$8.75 Additional

				,		a. This corporation owe	•		—	
4	25	29	30			Personal Property Ta		□No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
DRU	JCKERMAN, BRUCE W			00	C+4 A d d d	non /D.O. Pay Number in N	nt Accontable)			
8972 SW 49 COURT COOPER CITY FL 33328				82 Street Address (P.O. Box Number is Not Acceptable)						
				83						
						\$4, 10 \$1.2				
		:			City	Azriji a Granisi		FL 85 Zip C		
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	í Florida. Such chang	e was authoriz	ed by th	named corp e corporation	oration submits this stateme on's board of directors. I her	nt for the purp eby accept the	ose of changing its in appointment as reg	registered jistered	
SIGNATURE		· ·							<u> </u>	
	Signature, typed or printed name of registered agent				ignature require	d when reinstating) :		ATE SUBSECTOR	DO 111 40	
12,	OFFICERS AND		13			ADDITIONS/CHANGE	S TO OFFICE			
TITLE	P	☐ DE	LETE 1.1	TITLE		(风色, 体75]		☐ Change	☐ Addition	
NAME	DRUCKERMAN, BRUCE W		1.2	NAME						
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CITY-ST-ZIP	*			CITY-ST-	ZiP	<u> </u>				
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NAME	· · · · · · · · · · · · · · · · · · ·		6.2	NAME						
STREET ADDRESS	s		6.3	STREET A	DDRESS					
CITY-ST-ZIP			6.4	CITY-ST-	ZIP				•	
44 I horoby	certify that the information supplied with	this filing does not d	malify for the ex	emptio:	n stated in S	Section 119.07(3)(i), Florida	Statutes. I furt	her certify that the ir	nformation	
indicated officer of Block 12	d on this annual report or supplemental red on this annual report or supplemental red	ennua raport is true : et or rustee empow- ment with an addres	and accurate ar ered to execute s, with all other	nd that r his rep like eng	ny signaturo portas requi powered.	e shall have the same legal ired by Chapter 607, Florida	effect as if mad a Statutes; and	de under oath; that I I that my name appe	am an ears in	