FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY	1ST IS	\$550.00
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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPART  Katherin  Secretary  DIVISION OF CO	e Harris of State	FILED 90 M/R 22 PH 2: 12	
DOCUMENT # L29674			LECRETARY OF STATE FALLAHASSEF, FLORIDA	
L.L.G. CORPORATION				Lidat Arbar Brain Bluar (AB)
Principal Place of Business 822 E. CYPRESS LANE	Mailing Address 822 E. CYPRESS LANE			
POMPANO BEACH FL 33069	POMPANO BEACH FL 33069		DO NOT WRITE IN THIS SP.	ACE
•			3. Date Incorporated or Qualifed 11/15/1989	
2. Principal Place of Business	2a. Mailing Address		4. FET Number 65-0164570	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc			8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28   Zip	Country	Trust Fund Contribution  8. This corporation owes the current year Intang	Added to Fees
24 25 9. Name and Address of Curren	[29] [3	o] 1	, ,	Yes [ ]No
GILBERT, ALFRED A 822 E. CYPRESS LANE POMPANO BEACH FL 33069  11. Pursuant to the provisions of Sections 607 050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	2 and 607 1508, Étorida Statutes of Florida. Such change was aut tions of, Section 607.0505, Floric	83 84 City The above-named corporate	ess (P.O. Box Number is Not Acceptable)  FL   FL   Floration submits this statement for the purpose of chapters broard of directors. Thereby accept the appointm	15 Zip Code nging its registered ent as registered
SIGNATURE Signature typed or printed name of registred age.	Tandibe (Splicelie (NOTE R	egistered Ages I signal de levaure Milita		
TITLE P	[   DELETE	13. 11 Tale	ADDITIONS/CHANGES TO OFFICERS AND D	Change [ Addition
STREET ADDRESS 390 N HIGHLAND AVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP MERION PA	Î I DELETE	14 C(1Y-S1-Z(r)	,	
NAME GILBERT, LOUISE	[ 1 Dete it	2.1 THUE 2.2 NAME	-	Change   [   Addition
STREET ADORESS 390 N HIGHLAND AVE CITY ST-ZIP MERION PA		2351REET ADDRESS	5000028241 -03/30/3901(	
CITY-ST-ZIP MERION PA TITLE NAME	[] DELETE	2 4 CHY-S1-ZIP 3 1 THLE 3 2 NAME		<b>沙米生15日,□□</b>  Change [ Addition  
STREET ADDRESS CITY-ST-ZiP		33 STREET ADDRESS		
TITLE NAME STREET ADDRESS	[] DELETE	4 1 TIFLE 4 2 NAME 4 3 STREET ADDRESS	·	Change [] Addition
CITY-ST-ZIP TITLE NAME	[] DELFTE	44 City, ST-Zar 51 Title 52 NAME	[.	Change [T] Addition
STREET ADRESS CITY-ST-ZII	Cloëte	50 STREET ADDRESS 54 City ST-ZIP 6 (Title	· t	Change []Additon
NAME STREET AOORESS CITY-ST-ZIP		62 NAME 63 STREET ADERESS 64 CHY-ST-ZIP		a
14. I hereby certify that the information supplied wi indicated on this annual report or supplemental	l annual report is true and accurativer or trustee emp@wered to exe	ne exemption stated in Site and that my signature to this report as requi	section 119.07(3)(i) Florida Statutes. I further certify is shall have the same legal effect as if made under o red by Chapter 607, Florida Statutes, and that my no	ath, that I am an
SIGNATURE: LINE AND TYPED OF	A PRÎNTED NAME ÖF SIGNING OFFICÊR O	E DIRECTOR	3/10/99	e Preso, p <sup>rosec</sup>