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 # L38500

1. Corporation	CORING SYSTEMS UNLIMIT	ED INC			
GOLF 3	COUNT STOLETING GIARINIII	LU, IIIU		I CORNIGO CARA COPER CENTRA BOCKO BORNO BORNO	11
Principal Place of Business Mailing Address					it Stifft Elifit Siller Arbit after tear
11600 NW 20TH ST. 11600 NW 20TH STREET				·	
FT. LAUDERDALE FL 33323 FT LAUDERDALE FL 33323 US US				DO NOT WRITE IN TH	IIS SPACE
US US			=	-3. Date Incorporated or Qualifed	ی ایم و می سواید شمسید
	. •			12/20/1989	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0169999	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired .	\$8.75 Additional Fee Required
City & Stat		City & State		6. Election Campaign Financing	\$5.00 May Be
23 28		•	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	☐ Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	ed Agent
· DOI	AAN, BERTHO		81 Name		
	00 NW 20TH ST.	T. 4.	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	,
	LAUDERDALE FL 33323		83		
• • •		•		<u> </u>	Property of the following of the control of the con
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by the corporation da Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	VTD OFFICERS AN	D DIRECTORS DELETE	13.	······································	Change Addition
NAME	MORRALL, EARL		1.2 NAME	19.00	
STREET ADDRESS	ACCA CAN CATILOT		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOMAN, BERTHO		2.2 NAME	•	
STREET ADDRESS	11600 NW 20TH ST.		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 CITY-ST-ZIP		
TITLE SCA	(1) · (1) ·	☐ DELETE	3.1 TITLE	•	☐ Change ☐ Addition
NAME			3.2 NAME	• '*	
STREET ADDRESS	ARC68 14 6 - 1 3 - 43		3.3 STREET ADDRESS		新热性 (基础) (基础)
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ¼¼ ☐ Addition
TITLE NAME		C 5222.2	4.2 NAME		· ,—· · · · · · · · · · · · · · · · · ·
STREET ADDRESS		5 to 10 to 1	4.3 STREET ADDRESS		
CITY-ST-ZIP	(E. 7. V.)		4.4 CITY-ST-ZIP	·	<u> </u>
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	A STATE OF STATE	
STREET ADDRESS	2000	•	5.3 STREET ADDRESS		Secretary Astronomy
CITY-ST-ZIP, ,	770		5.4 CITY-ST-ZIP		
TITLE ' ' '	Secretary and the second second	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	The state of the s		6.2 NAME 6.3 STREET ADDRESS	,	
				•	

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90003 021 ***150.00