COF ANNL	PROFIT RPORATION JAL REPORT 1999		R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		Mar 10 Secret	FILED Mar 10, 1999 8:00 an Secretary of State 03-10-1999 90056 034 ***150.00		
DOCUI		3755						
•	8 LANTANA ROAD), INC.						
Principal Place	e of Business	Mai	iling Address				191 01405 0411 04015 05051 0401 1 01031	01911 01011 1001
499 E BAY COURT AERRICK NY 11566			3499 E BAY COURT MERRICK NY 11566				WRITE IN THIS SPACE	
						3. Date Incorporated or Qua 04/10/1990	ifed	
2. Principal P	lace of Business	2a.	Mailing Address			4. FEI Number		oplied For
Suite, Apt.	# etc	26	Suite, Apt. #, etc.			11-3014899	\$8.75	ot Applicable Additional
		27	· · · · · · · · · · · · · · · · · · ·			5. Certifcate of Status Desire	Fee R	equired
City & Stat	e	28	City & State			6. Election Campaign Finance Trust Fund Contribution		- <u>May.Be</u>
s(Zip	Country	\\	Zip	Count	ry	8. This corporation owes the	current year Intangible	
[25]		29	29 30 Current Registered Agent			Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent		[] No
·		.		8	1 Name			
BOC	A RATON FL 33433			8	3			
				8	1.		FL	Code
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office or r agent. I a SIGNATURE	registered agent, or both, am familiar with, and acce Signature, typed or printed name	in the State of Florida pt the obligations of, i	a. Such change was au Section 607.0505, Flori applicable. (NOTE:	es, the abo ithorized b ida Statute	ve-named c by the corpores.	ation's board of directors. Thereby a	the number of changing its	s registered egistered
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGOFFICER OR DIRECTOR

Date
Devine Phone #

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