PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # L70405

PALM PRODUCE VILLING

Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90251 036 \*\*\*150.00

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Principal Place	e of Business	Mailing Ad	dress			•		'"	HOLTEN DIL IDDI		******	. 61911 61611 1	11911 8 1		
3434 MAIN HWY 328 GRANDON			3434 MAIN HWY COCONUT GROVE FL 33133												
COCONUT GROVE FL 33133 US									Đ	NOT W	RITE IN TH	IS SPACE			_
US									corporated / 1990	or Qualife	d				
2. Principal Pl	lace of Business	2a, Mailing	Address					4. FEI No	<u> </u>				App	lied For	1
21		26						65-02	14981				Not	Applicable	]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						5. Certificate of Status Desired				\$8.75 Additional			
22								J. Certifica	ile oi Status	Desired		Fe	e Req	uired	]
City & State	e	City & State						6. Electic n Campaign Financing \$5.00					.00 N	May Be	
23		28						Trust Fund Contribution				Added to Fees			
Zip	Country Zip				Country			8. This co							
24	25	29	30	30			Personal Property Tax.  10. Name and Address of New Registered					:	□No	4	
	9. Name and Address of Currer	II. Registered A	gent		81	Name		10. Name	and Addres	s of New	Registere	a Agent			┨
LONG	G, BARRY				01	мате									
	LAKE PANCOAST DR				82	Street	Addres	ss (P.O. Box	Number is	Not Acce	ptable)				
	E 6-C				0.0							-		<del></del>	-
	AI BEACH FL 33140				83										
וורנושו	M DEACH FE 33140				84	City						85	Zip C	ode	]
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11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	⊈ and 607.1508 of Florida. Such	, Florida Statı ı change was	tes, the a	bove bove	e-named the corpo	corpor oration	ration submit is board of a	s this stater lirectors. I h	nent for tr ereby acc	ept the apt	oi changin ointment a	g nsı ıs regi	egistered istered	
agent. I a	m familiar with, and accept the obliga	t ons of, Section	1 607.0505, FI	orida Stat	utes.	,									
SIGNATURE								<del></del>			DATE				1
	Signature, typed or printed name of registered age	n: and title if applicable		E: Registered	Agen	t signature r	req lired v	when reinstating)	NS/CHANG	SES TO C		AND DIRE	CTOF	RS IN 12	1
12.	DP OFFICERS AF	DIRECTORS	DELETE	_	TLE		$\Gamma$	700111	2110/0/1/1/11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ZI I I I ZI I I	[] Cha		☐ Addition	
TITLE	LONG, BARRY			1.2 N								_			İ
NAME	2421 LAKE PANCOAST DR, #	e C				ADDRESS									
STREET ADDRESS	MIAMI BEACH FL 33140	0-0			ITY-ST										
TITLE	DVP	<del>-</del>	DELETE	2.1 TI		-ZIF						Cha	nge	Addition	1
	U11 —				2.2 NAME							.—			
NAME	LICATA, STEPHEN 3845 COCO GROVE AVE					ADDRESS									
STREET ADDRESS	COCONUT GROVE FL 33133			4	ITY-S		l								}
CITY-ST-ZIP	COCONOT GROVE PL 33133		☐ DELETE	3.1 TI		1-ZIF	<b>-</b>					☐ Cha	nge	Addition	1
NAME				3.2 N/								<del></del>	-		
						ADDRESS									
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CITY-ST-ZIP				5.4 CI	TY-\$1	-ZIP									
TITLE			☐ DELETE	6.1 ∏	TLE		$T^-$					Cha	ange	Addition	1
NAME				6.2 N	AME		İ								
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CITY-ST-ZIP				6.4 C	ITY-SI	-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 attachment with an address, with all other like empowered.

SIGNATURE

AND TYPED OR KINTED VANE OF SIGNING OFFICER OR DIRECTOR

ARRY LONG 4/16/99 305-445Date Date Date Phone # 55 78

CR2F034 (11/98)