## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## ANNUAL REPORT

## FILED Apr 20, 1999 8:00 am Secretary of State

,	1999	THE THE	DIVISION OF	CORPOR	ATIO	ONS		04-20-1999 90274 022	2 ***1	50.00	)
1. Corporation		3188									
V.E.D., II	NG.							r nomender det rocken retor erdde sûske roker osût. De	(81) S(8)) P	1041 018	H ANDRO (AA)
Principal Place	e of Rusiness	Mai	ling Address					I (BERTANI) OII KOOOD LIISK IISOI IOIDI ISIK DÜREL AI	ON BERNIN		
4460 N FE D H			N FED HWY							-	
LIGHOUSE POINT FL 33064 LIGHT HOUSE POINT FL 33064					34			DO NOT WRITE IN THIS	SBACE		
US		US						3. Date Incorporated or Qualifed	SFACE		
							j	05/14/1990			٠
2. Principal P	lace of Business	2a.	Mailing Address					4. FEI Number		Appl	ed For
21 2417	1 SE 13 CT	26		30	<u> </u>			<b>65-0196793</b>			Applicable
Suite, Apt.	#, etc.	— <u> </u>	Suite, Apt. #, etc.				ļ	5. Certificate of Status Desired	•	<b>'5</b> Ade e Requ	ditional
22	_	27	City & State	^			,	O El-vi- C-maile Financia		<u>_</u>	ay Be
City & State	Daniel River	F = 28 /	20 m/200	Be	الحا	L FC	<b>≟</b>	6. Election Campaign Financing Trust Fund Contribution		оо м ied to	
Zip	Country		Zip	Cou	ntry		7	8. This corporation owes the current year Inta	angible		
24 3306	25 B/O	David 29	33000	30 <i>B</i>	rc	<u> (۱</u>	14	Personal Property Tax.	☐ Yes	C	3No
	9. Name and Address	of Current Regist	ered Agent					10. Name and Address of New Registered	Agent		
EII IB	PPIN, DONNA L				81	Name					
2412 SE 13 CT.					82 Street Address			ss (P.O. Box Number is Not Acceptable)			
	IPANO BEACH FL 3306	2	•		83						
		_									
•			•		84	City		FL	85	Zip Co	de
office or r	egistered agent, or both, in m familiar with, and accept	the State of Florida	a. Such change was a	authonzed	DV.	the como	corpor oration	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoin	changing ntment a	g its re is regis	gistered stered
SIGNATORE.	Signature, typed or printed name of n		<u></u>		Agen	t signature r	equired w	when reinstating) DATE	0.000		
12.		ICERS AND DIREC		13.			r	ADDITIONS/CHANGES TO OFFICERS AN	Chai		Addition
TITLE	ST MODIE MOTOR		☐ DELETE	1.1 TT				·		iige	
NAME	LAMORTE, VICTOR 2412 SE 13 CT.		•	1.2 N/		ADDRESS					
STREET ADDRESS C/TY-ST-ZiP	POMPANO BEACH FL			1.4 CI							
TITLE	P	<u> </u>	☐ DELETE	2.1 T					Cha	nge	Addition
NAME	FILLIPINI-LAMORTE, D	ONNA		2.2 N/	ME						
STREET ADDRESS	2412 SE 13 CT.			2.3 S1	REET	ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL			2.4 C	TY-\$	T-ZIP					
TITLE			☐ DELETE	3.1 ∏	Œ				Cha	nge	Addition
NAME			en en en en en en	3.2 N/			. :				
STREET ADDRESS						ADDRESS			m·-		<del>*</del>
CITY-ST-ZIP		<del> </del>	☐ DELETE	3.4. C 4.1 TT		T-ZIP	<del> </del>		∏ Cha	nge	Addition
TITLE				4.1 II 4.2 N						- 0-	
NAME etdeet anndese						ADDRESS					
STREET ADDRESS CITY-ST-ZIP				4.3 S							
TITLE			☐ DELETE	5.1 Tf					☐ Cha	nge	Addition
NAME				5.2 N			1				

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 rustee, 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. CITY-ST-ZIP

5.4 CITY- ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

☐ Change

Addition