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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90120 008 ***150.00

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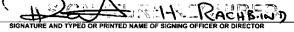
1. Corporation Name

 Corporation 	n Name	-							
RACHBIND ASSOCIATES INC.						E 18811811 BIL 18819 BISH BAHN 18818 B	::::::::::::::::::::::::::::::::::::::	A SA a Sa a Sa a Sa a Sa a Sa a Sa a Sa	
Principal Plac	e of Business	Mailing Addre	ess				iti Didil alalı didil ala	ii) Bibii Gibii 1881	
% HYMIE RACHBIND % HYMIE RACHBIND									
8286 N.W. 2ND MANOR CORAL SPRINGS FL 33071 **CORAL SPRINGS FL 33071						DO NOT WRITE II	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed			
						05/29/1990			
Principal Place of Business 2a. Mailing Address			ddress			4. FEI Number	- 11	Applied For	
21		26				65-0192492		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.		•	5. Certifcate of Status Desired	\$8.75	5 Additional	
22		27				5. Certificate of Status Desired	Fee.	Required	
City & Stat	le	City & Sta	ate			6. Election Campaign Financing	I -	0 May Be	
23		28				Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zìp	г	Country	′	8. This corporation owes the current	· <u></u>		
24	25	29	3	<u>i0</u>		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	Int Registered Age	nt	81	Name	10. Name and Address of New Regi	stered Agent	~ ~~~~	
RAC	HBIND, HYMIE				Hamo				
8286 N.W. 2ND MANOR				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL 33071				83		****			
				L		· ·			
				84	City		FL 85 Zi	ip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute					e-named cor	rporation submits this statement for the purp	pose of changing	its registered	
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such ch	hange was autl	horized by	the corporat	tion's board of directors. I hereby accept the	e appointment as	registered	
SIGNATURE	and addept and oblig	,44,5116 51, 45611511 61	51.5555, 116115		•				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: R	egistered Ager	nt signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	D	L	DELETE	1.1 TITLE			☐ Chang	ge Addition	
NAME	RACHBIND, HYMIE			1.2 NAME					
STREET ADDRESS	,				TADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL		DELETE	1.4 CITY-S	T-ZIP		☐ Chang	e	
TITLE		L] DELETE	2.1 TITLE				e Hadason	
NAME				2.2 NAME					
STREET ADDRESS.				2.3 STREET	111	. •			
CITY-ST-ZIP TITLE			DELETE	2. 4 CITY-S 3.1 TITLE	iT-ZIP		☐ Chang	e Addition	
NAME		_] DELEVE	3.2 NAME			பூக்க	,	
ļ				1	TADDDEEC				
STREET ADDRESS				3.3 STREET 3.4, CITY-S					
TITLE			DELETE	4.1 TITLE	31-ZIP		☐ Chang	ge Addition	
NAME		_		4. 2 NAME					
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP				4.4 GITY-ST					
TITLE			DELETE	5.1 TITLE	1-21-		☐ Chang	je Addition	
NAME		_	•	5.2 NAME		•	,	-	
STREET ADDRESS				5.3 STREET	TADORESS				
CITY-ST-ZIP				5.4 CITY-ST	T-ZIP				
TITLE			DELETE	6.1 TITLE			☐ Chang	e Addition	
NAME				6.2 NAME					
STREET ADDRESS	1			6.3 STREET	TADDRESS				

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

SIGNATURE:



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(954)752-3439

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