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 # L96971 1. Corporation Name

THE ASSEMBLY WAREHOUSE, INC.

I .	
Principal Place of Business	Mailing Address
1220 ADAMS ST	P O BOX 1917
HOLLYWOOD FL 33019	HALLANDALE FL 330
US.	US
ł	•

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90021 026 ***150.00



•							
Principal Place of Business Mailing Address							
1220 ADAMS ST P O BOX 1917							
HOLLYWOOD FI		-	LANDALE FL 33008				
US.		US					DO NOT WRITE IN THIS SPACE
		•					3. Date Incorporated or Qualifed
							08/17/1990
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	
21		26					65-0216896 Not Applicable
Suite, Apt.	#, etc.	.	Suite, Apt. #, etc.	•		=	5. Certificate of Status Desired Fee Required
22 27 27 City & State City & State							
¬ ···, ·· · · · · · · · · · · · · · · ·						6. Election Campaign Financing \$5.00 May Be	
23	Country	28	Żip	Cou	intry		1100
Zip	Country		Ζip	$\overline{}$	nnu y		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Currer	29	torad Agent	30	ī	***	10. Name and Address of New Registered Agent
	g. Name and Address of Curren	it Keyisi	tered Agent		81	Name	10. Italia uliu radioos or itali ragional and
ROS	e, Peter A., ESQ.						
	N. ANDREWS AVE.				82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	E 200		•		83		
	AUDERDALE FL 33311				00		
	AUDENDALL 1E 00011				84	City	FL 85 Zip Code
					Ш		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	12 and 60 of Florid)7.1508, Florida Statut a. Such change was a	es, the a juthorized	bove by	e-named co the corpora	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of,	Section 607.0505, Flo	rida Stat	utes.		
SIGNATURE							
	Signature, typed or printed name of registered age		· (Agen	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIKE	DELETE	13.	nc	——	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		□ pereie				
NAME	GOMBAR, STEPHEN E., JR.			1.2 N			
STREET ADDRESS	1220 ADAMS ST.			1		F ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	w	□ belete	_	TY-ST	T-ZIP	☐ Change ☐ Addition
TITLE	VP		☐ DELETE	2.1 TF			
NAME	GOMBAR, RITA BLOOM			2.2 N			
STREET ADDRESS	1220 ADAMS ST.					ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL				•	T-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	3.1 π			. Goldinge Discour
NAME				3.2 N	AME		
STREET ADDRESS				3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				3.4. 0	πy-s	T-ZIP	
TITLE			☐ DELETE	4.1 TI	TLÉ		. Change Addition
NAME				4.2 N	AME		
STREET ADDRESS				4.3 S	TREET	TADORESS	
CITY-ST-ZIP				_	ITY-\$	T-ZIP	
TITLE			☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME				5.2 N			
STREET ADDRESS				5.3 S	TREET	ADDRESS	
CITY-ST-ZIP					ΠY-\$	T- ZIP	
TITLE			☐ DELETE	6.1 ∏	TLE		☐ Change ☐ Addition
NAME	•			6.2 N	AME		
STREET ADDRESS	+			6.3 S	TREET	ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP