**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

	1999	V 65 16	DIVISION OF	CORPOR	RATI	IONS				
i. Corporatio	MENT # MC on Name LTING AFFILIATES,						01-29-1999 90029	023 ***1	58.75	
001100	ETHO ATTEMES			=						
-	ce of Business	•	Mailing Address					272, 212.		
6400 E. ROGE BOCA RATON	6400 E. ROGERS CIRCLE BOCA RATON FL 33499									
							DO NOT WE		S SPACE	
							3. Date Incorporated or Qualifer 09/12/1984	1		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26			<b>59</b> -2443282			t Applicable		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	æ	\$8.75 A			
City & Sta	to.		City & State				<del></del>		<u> </u>	
23	I <del>U</del>	28			Election Campaign Financing     Trust Fund Contribution	'	<b>\$5.00</b> Added t			
Zip Country			Zip Country			8. This corporation owes the cu	rrent year li			
24 25			29 30			Personal Property Tax.		• •	□No '	
•	9. Name and Addres	s of Current	Registered Agent		81	Nama	10. Name and Address of New	Registered	Agent	
SET	A, DON	an each wat back to			01	Name				
6400 E. ROGERS CIRCLE			82 Street Add			Street Addre	ss (P.O. Box Number is Not Accep	table)		
BOCA RATON FL 33499			83			・ N.B. HON Livin Mide Convertible Security in フェルスティー 東京大学 ディー・サビス (1987年)	1511- 2151 #151 1511- 2151 #15	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	ninti basa ister Ned Slad 1491	
							14.11			
			84 City			141 mg 1 1 p 1 1 p 2 1 p 2 2 p	FI	" <b>85</b> Zip C	Code '	
11. Pursuant	to the provisions of Secti	ons 607.0502	and 607.1508, Florida Statute	es, the at	oove	-named corpo	ration submits this statement for th	numose c	f changing its	registered
office or a	registered agent, or both, am familiar with, and acce	in the State of pt the obligation	Florida: Such change was as ns of, Section 607.0505, Flori	uthorized rida Statu	by ites	the corporation	n's board of directors. I hereby acce	pt the appo	ointment as reg	gistered
SIGNATURE										
	Signature, typed or printed name of			_	Agen	t signature required	when reinstating) 4 1999	DATE		
12.	OF	FICERS AND	DELETE	13.		-	ADDITIONS/CHANGES TO O	FFIÇERS A	ND DIRECTO ☐ Change	RS IN 12
TITLE NAME	SETA, ANTHONY		C) Detete	1.1 TIT 1.2 NA			1997年4月28日 1		□ Citalige	Addition
STREET ADDRESS	3037 NW 60TH ST					ADDRESS				
CITY-ST-ZIP	BOCA RATON FL			1.4 CIT			•			
TITLE	V		☐ DELETE	2.1 TIT		3-ZIF			Change	Addition
NAME	SETA, DON			2.2 NA	ME					
STREET ADDRESS	970 TROPIC BLVD			2.3 ST	REET	ADDRESS	•			
CITY-ST-ZIP	DELRAY BEACH FL			2. 4 Cl	TY-S	T-ZÍP				
TITLE CAR	ALDON	4 1 4 14 4	☐ DELETE	3.1 TIT	Œ			•	Change	☐ Addition
NAME (	FF Aboth of the	gr'i i		3.2 NA	ME					
STREET ADDRESS	APMOSPEC ST			3.3 ST	REET	ADDRESS	(2) 對射器的類數數	1 - 1 - 1 - 1 - 1 - 1	- Federal Co.	40 MH
CITY-ST-ZIP		<del></del>		3.4. CIT		T-ZIP	7 ( 14 ( 14 ( 14 ( 14 ( 14 ( 14 ( 14 ( 1	<u>180 a a 180</u>	∵ [ ] Change	[1년] 2년의 15년: 18년: 14년 15년:
TITLE			☐ DELETE	4.1 TIT			8 ( ) 9 M ( ) 2 M (	and \$the trac	-: [_] Change ∵	≨:®[_] Addibon
NAME STREET ADDRESS	High state of the		一种的 医牙线性的	4.2 NA		ADDD500			•	
	26.		<b>8677719 9447</b> 70 机	4.3 ST		ADDRESS			•	
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TIT		- LIF			Change	☐ Addition
NAME	·			5.2 NA					_ *	<del></del>
STREET ADDRESS	_			· 5.3 STF	REET	ADDRESS				
CITY-ST-ZIP	P			5.4 CIT	Y-ST	- ZIP	5-7-14-7-65			
TITLE	ACCOUNT OF THE PARTY OF THE		☐ DELETE	6.1 TITI	LÉ				☐ Change	☐ Addition
NAME	3937 FRY 6970 CT		•	6.2 NA	ME					

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling indicated on this annual report or supplemental annual reportion or the receive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the analysis of the receive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed, or the arceive or trusk Block 12 or Block 13 if changed are trusk qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS