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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M25013

1. Corporation Name

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90025 020 ***150.00

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PEMBROKE PINES FL 33084 PEMBROKE PINES FL 33084						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
		1.0 44 (1) 4 1 1 1 1 1				12/24/1985 4. FEI Number		1 1	Applied For
	ace of Business	2a. Mailing Address				-59-2621098	ينسج راريا		Not Applicable
21	 	26		~		39 202 1030		\$8.7	5 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		— —	Required
22 City 8 State		City & State				6. Election Campaign Financing		\$5.0	00 May Be
City & State	•	⊢ '	•			Trust Fund Contribution			ed to Fees
23 Zin	Country		Cou	ntrv		8. This corporation owes the curr	ent vear Int		
Zip		 	30			Personal Property Tax.	un your me	☐ Yes	□No
24	9. Name and Address of Current	29 Registered Agent	1301	1		10. Name and Address of New I	Registered	Agent	
	9. Name and Address of Current	registered regent		81	Name				,
KAPI	lan, arlene			Li					
	S HOLLYBROOK DRIVE #101		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
PFM	BROKE PINES FL 33025			83				•	
1 % 1 %		•							
	•			84	City		FL	85 Z	ip Code
	to the provisions of Sections 607.0502	and CO7 1509 Florida Statut	es the al	hove-	named como	ration submits this statement for the	nurnose of	changing	its registered
office or s	paietored agent or both in the State (nt Fiorida. Such change was a	utnonzec	I DV II	he corporation	's board of directors. I hereby accep	pt the appoi	ntment a	s registered
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Stati	utes.					
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent			Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OF		ID DIDEC	TORS IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TI	n c	-	ADDITIONS/CHANGES TO OF	I ICEITO AI	Chan	
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NAME	KAPLAN, ARLENE								
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	671 S HOLLYBROOK DR #101		1.3 \$7	REET	ADDRESS				}
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CITY-ST-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: