## 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 # M29861

GUIDELINES, INC.

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90037 004 \*\*\*150.00



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#, etc	Suite, Apt. #, etc.				5. Certifcate of Status Desired			
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	28				Trust Fund Contribution	g 🗆		
Country					8. This corporation owes the o	urrent year Int		
25	29	30			Personal Property Tax.			₩No
9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	v Registered	Agent	
EN DAVID M			81	COHE	U DAVID M.			
5000 N. OCEAN BLVD			82	Street Addre	ess (P.O. Box Number is Not Acce	ptable)		
A <del>PT 71</del> 1			83	4 1	3. OCEHN SLUD		•	
AUDERDALE FL 33308				#12 A			es Zin (	Code
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to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida. Such change was all	s, the authorized	i vd t	the corporatio	oration submits this statement for ton's board of directors. I hereby ac	he purpose of cept the appo	changing its intment as re	registered gistered
m tamiliar with, and accept the colligati	ions of, Section 607.0505, Flor	iya şiai	uics.					
Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	Agent	signature required		DATE		
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	Country  Country  Solution  Coun	10320 USA TODAY WAY MIRAMAR FL 33025 US  ace of Business  2a. Mailing Address 26  #, etc.  Suite, Apt. #, etc.  City & State 28  Country  Zip 25  9. Name and Address of Current Registered Agent  EN, DAVID M.  N. OCEAN BLVD  711  AUDERDALE FL 93308  To the provisions of Sections 607.0502 and 607.1508, Florida Statute am familiar with, and accept the obligations of, Section 607.0505, Flor  OFFICERS AND DIRECTORS  PD  COHEN, DAVIE M  5000 N. OCEAN BLVD., APT-741  FT. LAUDERDALE FL 93308  CD  GOLUN, ALLYN  4590 INGRAHAM HWY.  CORAL GABLES FL  DELETE	ace of Business  2a. Mailing Address 2b.  #. etc.  Country  Zip  Country  Zip  Country  Zip  Country  AUDERDALE FL 33308  To the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a gistered agent, or both, in the State of Florida. Such change was authorized in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and accept the obligations of, Section 607,0505, Florida Statutes, the infamiliar with, and infamiliar with,	ace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  2country 2b. Zip Country 25 29 30  9. Name and Address of Current Registered Agent EN, DAVID M. N. OCEAN BLVD 711 AUDERDALE FL 33308  84  10 the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above agistered agent, or both, in the State of Florida. Such change was authorized by in familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  Signahure, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD COHEN, DAVIE M 5000 N. OCEAN BLVD., APT-741 FT. LAUDERDALE FL 33308  CD GOLUN, ALLYN 4590 INGRAHAM HWY. CORAL GABLES FL  DELETE  11 TITLE 32 NAME 33 STREET 34. CITY-S 14 TITLE 42 NAME 43 STREET 33 STREET 34. CITY-S 14 TITLE 42 NAME 43 STREET 44 CITY-SI 15 DELETE 41 TITLE 42 NAME 43 STREET 44 CITY-SI 45 CITY-S 45 CITY-S 44 CITY-SI 44 CITY-SI 44 CITY-SI 45 CITY-SI 45 CITY-SI 46 CITY-SI 47 CITY-SI 48 CI	10320 USA TODAY WAY MIRAMAR FL 33025 US  ace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc. 27  City & State 28  Country 25  29  Name and Address of Current Registered Agent EN, DAVID M. N. OCEAN BLVD AUDERDALE FL 33308  81  Street Address 82  Street Address 83  J.2 A  84  Gly Ph AUDERDALE FL 33308  84  Gly Authority, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  PD  OFFICERS AND DIRECTORS  13.  PC COHEN, DAVIE M 3000 N. OCEAN BLVO., APT 711 FT: LAUDERDALE FL 33308  CD  OBLETE  13. STREET ADDRESS 14. CITY. ST. ZIP 29. NAME 20. STREET ADDRESS 24. CITY. ST. ZIP 31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY. ST. ZIP 34. TITLE 32. NAME 33. STREET ADDRESS 34. CITY. ST. ZIP 34. CITY. ST. ZIP 34. TITLE 32. NAME 33. STREET ADDRESS 34. CITY. ST. ZIP 34. CITY. ST. ZIP 34. TITLE 32. NAME 33. STREET ADDRESS 34. 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Name Address of New Registered  15. Ocean BlvD  15. Ocean BlvD  16. Street Address (P.O. Box Number is Not Acceptable)  17. Ocean BlvD  18. This corporation submits this statement for the purpose of agricult agent agent and stee in applicable.  18. Address (P.O. Box Number is Not Acceptable)  18. Address (P.O. Box Number is Not Acceptable)  19. Ocean BlvD  19. Ocean BlvD  19. Ocean BlvD  19. Ocean BlvD  19. Address (P.O. Box Number is Not Acceptable)  19. Ocean BlvD  19. Ocean BlvD  19. Address (P.O. Box Number is Not Acceptable)  19. Ocean BlvD  19. Address (P.O. Box Number is Not Acceptable)  19. Address (P.O. Box Number is Number	AP WAY   1023 USA TODAY WAY   MIRAMAR FL 3025   MIRAMAR FL 3025   MIRAMAR FL 3025   A   DO NOT WRITE IN THIS SPACE

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 of the receive 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 in an alachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED BE PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

February 5,1999 954. 433-7480

Daytime Phone #

CR2E034 (11/9