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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name



M34741

Secretary of State DIVISION OF CORPORATIONS

## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90018 021 \*\*\*150.00

ннн со	INSTRUCTION CORP 1986	<b>3</b>					
Principal Place	e of Business	Mailing Address			T (BOLDDII SAD THIN ONAIN HOUS BIBBY MOS OND	I GIBIT BIBIL BIBIT BL	811 B1811 1881
6353 W. ROGERS CIRCLE P.O. BOX 3760 1 BOCA RATON FL 33487 US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					07/03/1986		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	olied For
21 26					59-2691870		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	•
22	27				Fee Rec		
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 t		
23		28		Trust Fund Contribution	Added to	Fees	
Zip ─¬	Country	Zip	Country	,	8. This corporation owes the current year	Intangible	₩No
24	25	29 30	01		Personal Property Tax.  10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name	10. Hanne and Address of New Negisters	u Agent	
HAHAMOVITCH, HARRY H.				<u> </u>		<u></u>	
	W. ROGERS CIRCLE		82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 1 BOCA RATN FL 33487			83	<del> </del> -			
			84	City	F	85 Zip C	ode
SIGNATURE	m familiar with, and accept the obligat				ad when reinstating) DATE		· ·
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DP	P □ DELETE 1.11				☐ Change	Addition \
NAME	HAHAMOVITCH, HARRY		1.2 NAME				ĺ
STREET ADDRESS	ESS 6353 W. ROGERS CIRCLE #1		1.3 STREE	TADDRESS			)
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP				
TITLE	ST	☐ DELETE	2.1 TITLE	)		☐ Change	Addition
NAME	HAHAMOVITCH, HARRY		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			j
CITY-ST-ZIP	DOOM IN TOTAL		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS	,		)
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NAME			4. 2 NAME				ļ
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NAME			5.2 NAME 5.3 STREE	T ADDRESS			
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NAME		<b>-</b>	6.2 NAME				_
STREET ADDRESS			1	T ADORESS			ŧ
SIREC ADDRESS			a Ara				ł

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 a propriet of the corporation of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE: