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

DOCU	MENT # M390	02-04-1999 90004 055 *** 150.00					
SUPREM	ME HOTEL & RESTAURAN						
Principal Plac	e of Business		1631 31311 31311 31311				
2150 SW 30TH PEMBROKE PA		2150 SW 307	h avenue Park fl 33009				
FEWBROKE FA	MIN PL 33003	DO NOT WRITE IN THIS SPACE					
					 Date Incorporated or Qualifed 09/26/1986 		
2. Principal F	Place of Business	2a. Mailing /	Address		4. FEI Number		
21	26				59-2741080		
Suite, Apt.	, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	□ \$8.7	
City & Stat	& State City & State				6. Election Campaign Financing	□ \$5	
23		28			Trust Fund Contribution	□ Ad	
Zip 24	్లి ్డ్ Country 25 ిస్ట్రీ	Zip 29	30	ountry	This corporation owes the curre Personal Property Tax.	ent year Intangible Yes	
	9. Name and Address of Cur	rent Registered Age	ent		10. Name and Address of New R	egistered Agent	
The second second second second	TLER, LARRY	est e strumèni d'annimistration	. physica	81 Name		Lack officers districtly a specifically	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3, ISLANDS, BLVD.	37 XV 1-4 XXX		82 / Street /	Address (P.O. Box Number is Not Accepta		
HAL	LANDALE FL 33009			83	PROPERTY CONTRACTOR OF THE PROPERTY OF THE PRO		
9 15 F. 31		, , , , , , , , , , , , , , , , , , , ,		84 City		FL 85	
office or r	to the provisions of Sections 607.0 registered agent; or both, in the Stam familiar with and accept the obline familiar with and accept the obline familiar with and accept the obline familiar with a familia	ate of Florida. Such c	hange was authorize	ed by the corpo	corporation submits this statement for the ration's board of directors. I hereby accept	ourpose of changir the appointment a	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	ed Agent signature re	quired when reinstating)	DATE .	
12.		AND DIRECTORS	13	i.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	
TITLE	P 777	[DELETE 1.11	TITLE	1. 1. 1. 1.	☐ Cha	
NAME	GERTLER, LARRY		1.21	NAME			
STREET ADDRESS		*	1.3 5	STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL		1.44	CITY-ST-ZIP			
7171 6			INCIETE # 045			ርግ ሶክላ	

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90004 033 ***150.00



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Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

HAL	LANDALE FL 33009	83	A STATE OF A		17 27 15	1 Den X						
s de les des		84	City	<u> </u>	L 85	Zip Co	ode					
17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstatting) OATE												
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIR	ECTOR	RS IN 12					
mle	P DELETE	1.1 TITLE		1 1 1 1 1 1	☐ Ch		☐ Addition					
AME	GERTLER, LARRY	1.2 NAME										
STREET ADDRESS	300 3 ISLANDS BLVD.	1.3 STREET	ADDRESS									
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-	-ZIP									
TLE	\$ DELETE	2.1 TITLE			☐ Ch	ange	☐ Addition					
AME	GERTLER, SAM	2.2 NAME										
TREET ADDRESS	1259 WILEY STREET	2.3 STREET	ADORESS				_					
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST	- ZIP									
TILE ,	VP ☐ DELETE	3.1 TITLE			Ch	ange	Addition					
AME	GERTLER, RICHARD	3.2 NAME										
TREET ADDRESS	12300 CLASSIC DRIVE	3.3 STREET	ADDRESS	The second secon		110 /	,					
ZITY-ST-ZIP	CORAL SPRINGS FL	3.4. CITY- ST	- ZIP			11:3	ļ. Špak					
TILE	☐ DELETE	4.1 TITLE		er e e e e e e e e e e e e e e e e e e	∵ _ Ch	ange	- Addition					
IAME		4. 2 NAME										
TREET ADDRESS		4.3 STREET	ADDRESS									
CITY-ST-ZIP		4.4 CITY-ST-	ZIP									
ΠLE	☐ DELETE	5.1 TITLE			☐ Ch	ange	☐ Addition					
IAME	الخرر.	5.2 NAME		·								
TREET ADDRESS		5.3 STREET	ADDRESS									
CITY-ST-ZIP	5	5.4 CITY-ST-	ZIP									
TLE	DELETE	6.1 TITLE	* **	The state of the s	🗋 Ch	ange	☐ Addition					
IAME .		6.2 NAME										
TREET ADDRESS		6.3 STREET A	ADDRESS			î ·,						
TY-ST-ZIP		6.4 CITY-ST-	ZIP									
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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 appartachment with an address with all other like empowered.

SIGNATURE: 3

954-456-7400