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 # M47636 1. Corporation Name

ELLEN HOUSER ASSOCIATES, INC.

	• ,							
Principal Plac	ce of Business	Mailing Address				II MAID DAN DIAM	Afail Diek alak	i Birdii Birii (Ba)
17170 GRAND BAY DRIVE 17170 GRAND BAY DRIVE		E						
BOCA RATON FL 33496 BOCA RATON FL 33496 US				DÓ NOT W	PITE IN TUR	PODACE		
		00			3. Date Incorporated or Qualif	RITE IN THIS	SOPALE	
<u> </u>	•				03/04/1987			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-2806318			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
City & Stat	to .	City & State	City & State					equired
23	t o	28	iy & State		6. Election Campaign Financin Trust Fund Contribution	¹⁹ □		May Be to Fees
Zip-	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the o	urrent vear In		10 1 663
24	25	29	30		Personal Property Tax.	ulloin jour	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		,	10. Name and Address of New	v Registered	Agent	
7AC	CKOWITZ, ELLEN	· · ·	81	Name			•	
5 5 171	70 GRAND BAY DRIVE	· .	82	Street Add	ress (P.O. Box Number is Not Acce	ptable)	<u> </u>	
l	CA RATON FL 33496				The state of the s			
			83	'				
			84	City			85 Zip	Code
						ГL	_ !	
44 Pursuant	to the provisions of Sections 607.05	102 and 607 1508 Florida Statu	itee the above	o samed com	poration submits this statement for t	ha auroaca a	Fobanaina ite	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	te of Florida. Such change was a	authorized by	the corporation	poration submits this statement for tool's board of directors. I hereby ac	he purpose of cept the appo	changing its	registered egistered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	te of Florida. Such change was a	authorized by	the corporation	poration submits this statement for toon's board of directors. I hereby ac	he purpose of cept the appo	f changing its intment as re	s registered egistered
office or r	registered agent, or both, in the State am familiar with, and accept the oblig	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized by lorida Statutes	the corporations.	on's board of directors. I hereby ac	he purpose of cept the appo	changing its intment as re	s registered egistered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	te of Florida. Such change was a gations of, Section 607.0505, Flo	authorized by lorida Statutes	the corporations.	on's board of directors. I hereby ac	DATE	intment as re	egistered
office or agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	te of Florida. Such change was a gations of, Section 607.0505, Floringert and title if applicable. (NOT)	authorized by lorida Statutes	the corporations.	on's board of directors. I hereby ac	DATE	intment as re	egistered
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A D ZACKOWITZ, ELLEN	te of Florida. Such change was a gations of, Section 607.0505, Florent and title if applicable. (NOTI	authorized by lorida Statutes FE: Registered Agent	the corporations.	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	egistered ORS IN 12
office or agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7	te of Florida. Such change was a gations of, Section 607.0505, Florent and title if applicable. (NOTI	authorized by lorida Statutes E: Registered Agei 13. 1.1 TITLE 1.2 NAME	the corporations.	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	egistered ORS IN 12
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A ZACKOWITZ, ELLEN	te of Florida. Such change was a gations of, Section 607.0505, Florida in the first special control of the cont	authorized by lorida Statutes E: Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	the corporations. It signature requires TADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	ogistered DRS IN 12 ☐ Addition
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7	te of Florida. Such change was a gations of, Section 607.0505, Florent and title if applicable. (NOTI	authorized by lorida Statutes TE: Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE	the corporations. It signature requires TADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	egistered ORS IN 12
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the first special control of the cont	authorized by lorida Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corporation of signature require the signature requires the signature	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	ogistered DRS IN 12 ☐ Addition
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the first special control of the cont	authorized by lorida Statutes TE: Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	the corporations. It signature requires T ADDRESS T. ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	ogistered DRS IN 12 ☐ Addition
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Fidget and title if applicable. (NOTI AND DIRECTORS DELETE	authorized by lorida Statutes TE: Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	the corporations. It signature requires T ADDRESS T. ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12 Addition
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the first special control of the cont	authorized by lorida Statutes TE: Registered Agei 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	the corporations. It signature requires T ADDRESS T. ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	intment as re	ogistered DRS IN 12 ☐ Addition
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Fidget and title if applicable. (NOTI AND DIRECTORS DELETE	authorized by lorida Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	the corporations. It signature requires T ADDRESS T-ZIP T ADDRESS ST-ZIP	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12 Addition
office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Fidget and title if applicable. (NOTI AND DIRECTORS DELETE	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	the corporations. It signature requires T ADDRESS IT ADDRESS ST-ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12 Addition
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Fidget and title if applicable. (NOTI AND DIRECTORS DELETE	authorized by lorida Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	the corporations. It signature requires T ADDRESS IT ADDRESS ST-ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO	DRS IN 12 Addition
office or agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agent OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the fragment of the floridation of	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 ITILE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 ITILE 3.2 NAME 3.3 STREE 3.4 CITY-S 3.4 CITY-S	the corporations. It signature requires T ADDRESS IT ADDRESS ST-ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or i agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the fragment of the floridation of	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	the corporations. It signature requires T ADDRESS IT ADDRESS ST-ZIP T ADDRESS	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or i agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the fragment of the floridation of	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	the corporations. It signature requires IT ADDRESS IT ZIP IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ZIP	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or i agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florida in the fragment of the floridation of	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE*	the corporations. It signature requires IT ADDRESS IT ZIP IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ZIP	on's board of directors. I hereby ac	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or i agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS A D ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florent and title if explicable. (NOTIND DIRECTORS DELETE DELETE DELETE	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S	the corporations. It signature requires IT ADDRESS IT ZIP IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ZIP	on's board of directors. I hereby ac ad when reinstating) : ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered agency OFFICERS AD ZACKOWITZ, ELLEN 1701 S. ST. RD 7 POMPANO BCH FL	te of Florida. Such change was a gations of, Section 607.0505, Florent and title if explicable. (NOTIND DIRECTORS DELETE DELETE DELETE	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 ITILE 4.2 NAME 4.3 STREE 4.1 TITLE 5.2 NAME 5.3 NAME 5.3 STREE 5.1 TITLE	the corporations. It signature requires IT ADDRESS IT ZIP IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ADDRESS IT ZIP	on's board of directors. I hereby ac	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agency of the control of the c	te of Florida. Such change was a gations of, Section 607.0505, Florida in the flo	authorized by lorida Statutes 13. 1.1 ITILE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 5.4 CITY-S 5.5 STREE 5.5 CITY-S 5.5 CITY-S 5.5 CITY-S	the corporations. It signature requires It ADDRESS IT ZIP	on's board of directors. I hereby ac	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
office or agent. I a signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agency of the control of the c	te of Florida. Such change was a gations of, Section 607.0505, Florent and title if explicable. (NOTIND DIRECTORS DELETE DELETE DELETE	authorized by lorida Statutes 13.	the corporations. It signature requires It ADDRESS IT ZIP	on's board of directors. I hereby ac	DATE	ND DIRECTO Change Change	DRS IN 12 Addition Addition
office or agent. I a signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the oblig signature, typed or printed name of registered agency of the control of the c	te of Florida. Such change was a gations of, Section 607.0505, Florida in the flo	authorized by lorida Statutes 13.	the corporations. It signature requires It ADDRESS IT ZIP	on's board of directors. I hereby ac	DATE	ND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 30, 1999 8:00am

Secretary of State

01-30-1999 90005 016 ***150.00