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

**PROFIT** CORPORATION ANNUAL REPORT 1999

DOCUMENT # M76124



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-14-1999 90130 043 \*\*\*150.00

THE SCI	HIFFRIN GROUP, INC.						
Principal Place	of Business	Mailing Address			- I EDDY EDYS IN TOUCH DESENTING STREET OF AND	III OTOIS MIGH MISH E	(B1) 019(1 180)
7356 PINEMOUNT DR P.O. BOX 690301 K POST OFFICE BOX 690301 ORLANDO FL 32819 ORLANDO FL 32869 US US					DO NOT WRITE IN TO	HIS SPACE	
<u> </u>	D. diameter	On Mailing Address			04/12/1988 4. FEI Number	Ann	olied For
—ı ·	ace of Business	2a. Mailing Address			59-2884470	——— <u> </u>	Applicable
21 Suite: Apt.	#, etc.	Suite, Apt. #, etc.		_ <del></del>		\$8.75 A	
22		27	<del></del>		5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5:00 Added to	May Bé <u>≂≂</u> -
Zip	Country	<b>28</b>	Country	,	This corporation owes the current year		71863
24	25 29 30		¬		Personal Property Tax.		□No
	9. Name and Address of Current				10. Name and Address of New Register	ed Agent	
				Name			}
SCHIFFRIN, SUSAN			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
7356 PINEMOUNT DRIVE ORLANDO FL 32819			83			<del></del>	<del></del>
Ond	ANDO I E GEOTS		03				<u>·</u>
			84	City		85 Zip C	ode
office or re agent. I an	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent a	f Florida. Such change was authons of, Section 607.0505, Florid	orized by a Statutes	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the ap	pointment as reg	registered pistered
12.	OFFICERS AND		13.	it signistate requires	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE			1.1 TITLE			☐ Change	Addition
NAME			1.2 NAME				{ :
STREET ADDRESS	7356 PINEMOUNT DR		1.3 STREE	TADDRESS			1
CITY+ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP				Addition
TITLE	_		2.1 TITLE			Change	☐ Addition {
NAME	tanan di salah sal		2.2 NAME	T ADDRESS (			ł
STREET ADDRESS	·	·•	2.4 CITY-			_	Ì
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME	The state of the s		3.2 NAME				}
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY-5	ST-ZIP			- Addison
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			ı	TADDRESS			ļ
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-S 5.1 TITLE	))- ZIF		☐ Change	Addition
NAME			5.2 NAME			-	{
STREET ADDRESS			5.3 STREE	T ADDRESS			}
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	T -		Change	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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP

ំ *ដែល* ដូចជ

(26),

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR