Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90114 004 ***150.00

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

1. Corporation BAMANA		6				
Principal Place of Business Mailing Address						((PECONII (IN INICA INI
% MARCEL G. WORTMAN M. WORTHMAN G. W				7	MAN	
2490 NORTHWEST 25TH ST. 6236 NW 21ST COURT				• •		
BOCA RATON I	FL 33431	BOCA RATON FL 33496				DO NOT WRITE IN THIS SPACE
		US				3. Date Incorporated or Qualifed 09/22/1988
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0088520 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5, Certificate of Status Desired \$8.75 Additional
22		27 City & City			Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23			Zip Country			
Zip	Country Zip		30	¬ '		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24	9. Name and Address of Curre	29 29 Agent	30	Ι		10. Name and Address of New Registered Agent
	5. Name and Address of Conv	nit registered Agent		81	Name	
WOF	rtman, Marcel G.					
2490 NORTHWEST 25TH ST.				82	Street Add	dress (P.O. Box Number is Not Acceptable)
BOC	A RATON FL 33431			83		
				84 City		FL 85 Zip Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblic	e of Florida. Such change was a	uthorized	i by ti	named con he corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
J	m jamma viin, and accept the con-	,4				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE	: Registered	Agent	signature require	red when reinstating) DATE
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			Change Addition
NAME	WORTMAN, MARCEL G.	•		ME		•
STREET ADDRESS	6236 NW 21ST COURT			REET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 23496		14 CITY-S		ZIP	☐ Change ☐ Addition
TITLE	VP	☐ DELETE		2,1 TITLE		☐ Change ☐ Addition
NAME	WORTMAN, BARBARA W.		2.2 NAME			
STREET ADDRESS			2.3 ST	REET	ADORESS	
CITY-ST-ZIP	BOCA RATON FL 33496		_	TY-ST	-ZIP	Change Addition
TITLE	S DALIE	☐ DELETE		3.1 TITLE		Ditange Madadii
NAME	COLLANGE, PAUL		3.2 NAME			
STREET ADDRESS	815 NE 1ST CT		3.3 STREET			
CITY-ST-ZIP	DELRAY BCH FL	☐ DELETE	_	ITY-ST	- ZIP	☐ Change ☐ Addition
TITLE		C pereic	4.1 Ti			Ortaligo Division
NAME			4.2 N		ADDDECC	
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		-212	☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				TY-ST-		
TITLE		☐ DELETE	6.1 TF	TLE		☐ Change ☐ Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET	ADDRESS	

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: MARCEL WORTHAN