AVIE FL 33317 INDIA OF INCOMPOSED AND INFORMATION NUMBERS Suite, Apt. #, etc. 27 City & State 3. Date incorporated or Qualified O2/23/1990 Country City & State 4. FEI Number City & State 5. Certificate of Status Desired 20 Country 21 City & State 22 Country 23 29 24 Country 25 29 26 Country 27 Country 28 State Address of Current Registered Agent 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 41 10. Name and Address of Current Registered Agent 51 Name 60LDMAN, PAUL 2220 S W 70TH AVENUE, # DAVIE FL 33317 61 62 230 S W 70TH AVENUE, # DAVIE FL 33317 63 64 64 Correlation of Sections 617 2052, And Bittered Status 7 7 7 7 7 7 7 7 7 7	COR ANNU	NPROFIT PORATION AL REPORT 1999	Katherin Secretary DIVISION OF C		FILE Feb 24, 1999 Secretary (02-24-1999 90116 0	9 8:00 am of State
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Builte, Apt. #, etc. 28 Utg. Apt. #, etc. 02/23/1990 City & State	2250 S W 7011 #9	h avenue	PO BOX 630099			
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DAVIE FL 33317 Image: Statutes in the provision of Sections 617 0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. at mating with, and accept the obligations of Section 617 0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. at mating with, and accept the obligations of Section 617 0503, Florida Statutes. GNATURE Sequent. at mating with, and accept the obligations of Section 617 0503, Florida Statutes. CorFricters and originating agent and this depotence. OFFReetwork Agent at mating with, and accept the obligation requires the application requires the application. CorFricters and DirectTORS 13. CorFricters and DirectTORS in 12. CorFricters and DirectTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12. CorFricters and DirectTORS 13. CorFricters and DirectTORS 13. CorFricters and DirectORS 13. Correst 13.				82 Street Add	ress (P.O. Box Number is Not Acceptable)	· · ·
Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-name Corporation submits, this statement for the purpose of changing its registered agent, or both, in the State of Florid, Sold, change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objgations of 3, Florida Statutes. GNATURE Goundary, the objgations of a digited agentation. OVOTE Regenered Agent squares required whit reinstating: OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. State and a dist of applicable. OUTE Regenered Agent squares required whit reinstating: OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 14.007:51.2P OUTABL State and a dist of applicable. OUTE Agentered Agent squares required whit reinstating: OFFICERS AND DIRECTORS IN 12. Orange Addition Net RETADRESS IN 0, 000000000000000000000000000000000		•		83	,	
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indicated on this adjual report or supplemental adjuanceport 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 corpolation of the receiver of the trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in	office or re agent. 1 ar IGNATURE 2. LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS TY-ST-ZIP TLE ME REET ADDRESS	agistered agent, or both, in the State of n familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN D GOLDMAN, PAUL 3146 JOHN P. CURCIE DR. PEMBROKE PARK FL 33009 D GOLDMAN, ARLENE 3146 JOHN P. CURCIE DR. PEMBROKE PARK FL 33009 D GOLDMAN, JOY 3146 JOHN P. CURCIE DR.	I Florida. Such change was au tions of, Section 617.0503, Flori it and title if applicable. (NOTE: D DIRECTORS DELETE DELETE DELETE DELETE	Ithonzed by the corporate Ida Statutes. Registered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ed when reinstating) DATE	IND DIRECTORS IN 12
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