FILE NOW: FILING FEE IS \$61.25

NÖÑPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Ketherine Harris

Secretary of State

FILED Feb 24, 1999 8:00 am Secretary of State

1	999	DIVISION OF CORP	ORATIONS	1.7	02-24-1999 90023	050 ****61	.25
OCUN	MENT # N47645	SIATION, INC.	gantario (n. 1864) November 1864	* (*) 1473	and a second	·· ··· 7 *	
101,201					* 1 106019-9002	3 - 50	
rincipal Place	of Business	Mailing Address					
500 N.W. 69TH IPT 431 AUDERHILL FL IS	AVE .	5500 N.W. 69TH AVE APT 431 LAUDERHILL FL 33319 US					
Principal Pla	ice of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 03/02/1992			
Suite, Apt. #	etc.	Suite, Apt. #, etc.			4. FEI Number	<u> </u>	lied For Applicable
]		27			65-0342668	\$8.75 Ad	
City & State		City & State			5. Certificate of Status Desired	Fee Req	uired
Zip	Country		Country		6. Election Campaign Financing Trust Fund Contribution	Added to	
i]	25	29 30			10. Name and Address of New Registered	Agent	
	9. Name and Address of Current	Kedistaled Affaur	81 Name		d		l
ABRAMS, MARY K			82 Street	Address (P.O. Box Number is Not Acceptable)			
5500 N.W. 69TH AVE			83				
APT 431					1	85 Zip Co	ode
LAUDERHI		84 City		<u> FI</u>	L ' '	. 1	
agent. I an	o the provisions of Sections 617.0502, orgistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agent	ions of, Section 617.0503, Florida S	Statutes.		oration submits this statement for the purpose on's board of directors. I hereby accept the appointment of the purpose of the		·
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	P		.1 TITLE	D		Citalide	20, 100
NAME	ABRAMS, MARY K	1	I.2 NAME	1 -	BRILL, ADA **** 5500 NW 69 AVE #202	'	. `
STREET ADDRESS	5500 N.W. 69TH AVE #431		1.3 STREET ADDRESS		AUDERHILL FL 33319		
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY-ST-ZIP Z.1 TITLE	+ =		Change	X Addition
TITLE	V ANNETE	-	2.2 NAME		ZITZER, ESTHER		
NAME	CHEIFETZ, ANNETTE 5500 N.W. 69TH AVE 503	!	2.3 STREET ADDRESS		5500 NW 69 AVE #226		
STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL 33319		2. 4 CITY-ST-ZIP	1	AUDERHILL FL 33319	Change	X Addition
TITLE	S		3.1 TITLE	ĮĮ	ISRAELROW, PAUL	~	
NAME	CHERKIS, ROSE	8	3.2 NAME		5500 NW 69 AVE #361		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		LAUDERHILL FL 33319		
CITY-ST-ZIP	LAUDERHILL FL		4,1 TITLE		D	Change	Addition
TITLE	D CALLY		4. 2 NAME		HOCHBERG, IDA		
NAME STREET ADDRESS	LISS, SALLY 5500 NW 69 AVE #453		4.3 STREET ADDRESS		5500 NW 69 AVE #318		
CITY-ST-ZIP	LAUDERHILL FL		4.4 CITY-ST-ZIP	_	LAUDERHILL FL 33319	Change	X Addition
TITLE	D		5.1 TITLE		D FOGEL, GEORGE		.,
NAME	SHAPIRO, ROSE		5.2 NAME 5.3 STREET ADDRES	1 .	5500 NW 69 AVE #562		
STREET ADDRESS	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		5.4 CITY-ST-ZIP		LAUDERHILL FL 33319		
CITY-ST-ZIP	LAUDERHILL FL 33319	☐ DELETE	6.1 TITLE	+		☐ Change	Addition
TITLE	D TABA		6.2 NAME			•	
NAME	HOLTZ, ZARA 5500 N.W. 69TH AVE. 261		6.3 STREET ADDRES	s			
STREET ADDRESS	I ALIDEDHILL EL 33319		6.4 CITY-ST-ZIP				information

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 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 617, 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.

1/11/99 Date

(954) 746-0797