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

Mailing Address

PROFIT CORPORATION VINUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

:UMENT # P33140

ISMISSIONS OF FLORIDA, INC.

FILED Feb 13, 1999 8:00am Secretary of State

02-13-1999 90022 023 ***150.00



Place	e or pasiness	Maling Address					
201 N. STATE I HOLLYWOOD F		201 N. STATE RD. 7. HOLLYWOOD FL 33021			DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					03/14/1991		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4, FEI Number		plied For
21		26			65-0241972		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	–		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State			City & State		6. Election Campaign Financing	\$5.00	Mav Be
23		28	<u>,</u>		Trust Fund Contribution Added to Fees		
Zip	Country	Country Zip Cour		ntry	8. This corporation owes the current year Intangible		
24	25	29 30			Personal Property Tax.		
	9. Name and Address of Current		11		10. Name and Address of New Registered	Agent	
				81 Name	-		
ABRUZESEM MICHAEL				20 01	(D.O. Bou Number in Not Acceptable)		
201	N. STATE RD. 7		82 Street Add		dress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021				83			2.3
				84 City	 	85 Zip (Code
		0 1007 1500 Florido Ctol	uton the o	have named corr	poration submits this statement for the numose of	f changing its	registered
office or r agent. I a	to the provisions of Sections 607.050, egistered agent, or both, in the State of familiar with, and accept the obligat	2 and 507.1506, Florida Stati of Florida. Such change was tions of, Section 607.0505, F	authorized lorida Stat	bove-named corporation by the co	poration submits this statement for the purpose o on's board of directors. I hereby accept the appo	intment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	CP	☐ DELETE	1.1 TI	TLE	1	☐ Change	☐ Addition
NAME	ABRUZESE, MICHAEL		1.2 N	AME			
STREET ADDRESS	2221 CYPRESS ISLAND DRIVE		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	POMPANO FL		14 C	TY-ST-ZIP			
TITLE	TOWN AND TE	☐ DELETE	2.1 T			☐ Change	☐ Addition
NAME			2.2 N	AME			\
				TREET ADDRESS			1
STREET ADDRESS			1	CITY-ST-ZIP			ļ
CITY-ST-ZIP		☐ DELETE	3.1 T			Change	☐ Addition
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NAME	• .			TREET ADDRESS			1
STREET ADDRESS							
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STREET ADDRESS				TREET ADDRESS			\
CITY-ST-ZIP			_	ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE		☐ DELETE	5.1 T	I .		□ cuantite	
NAME			5.2 N	_	•		
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CITY-ST-ZIP				ITY-ST-ZIP			A saluta
TITLE		☐ DELETE	6.1 T	1		☐ Change	Addition
NAME	1		6.2 N	AME 1			
			0.21	P			
STREET ADDRESS				TREET 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.

SIGNATURE MUNICIPAL COLUMN MICHAEL TO SIGNING OFFICER OR DIRECT

PAFS 1-12-99 95

Daytime Phone #

CR2E034 (11/98