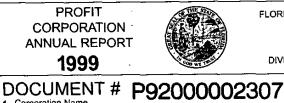
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION : ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90065 045 ***150.00

_		

Principal Place	ACH LAKES BLVD	Mailing Address 1601 FORUM PL #901 WEST PALM BEACH FL 3340 US)1			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
						11/05/1992	
2. Principal Pl	ace of Business	2a. Mailing Address	,		11 1	4. FEI Number Applied F	or
21		2a. Mailing Address 26 216/ P.B. L	لاممام يمرا	í	sjul.	65-0372700 Not Applie	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5, Certificate of Status Desired	nal
City & State	9	City & State				6. Election Campaign Financing S5.00 May B	е
23		28 W. P.A. F	ſ.			Trust Fund Contribution Added to Fees	
Zip	Country	Zin	Cour	ţу	, ,	8. This corporation owes the current year Intangible	1
24	25	29 53 YD 7 3	0 6/5	/* !	serch.	Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
			ļ	81	Name	•	1
	IFFMAN, JEFFREY		}	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
	PALM BEACH LAKES BLVD S	IE 40/					
#90				83		•	}
WES	T PALM BEACH FL 33409		ŀ	84	City	85 Zip Code	
	•				•	FL	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was aut ations of, Section 607.0505, Florid	norized ta Statu	by th tes.	ie corporatio	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registere discounted the statement of the purpose of changing its registere appointment of the purpose of changing its registere appointment as registered to be appointment as registered to be appointment of the purpose of changing its registered to be appointment as registered to be appointment.	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D	☐ DELETE	1.1 TITI	LΕ	}	☐ Change ☐ A	Addition
NAME	SCHIFFMAN, JEFFREY S		1.2 NA	VIE.			\
STREET ADDRESS	2758 BIARRITZ DR		1.3 STF	REETA	DDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CIT	Y-57-2	ZIP		
TITLE		☐ DELETE	2.1 TIT	Æ		☐ Change ☐ A	Addition
NAME			2.2 NA	ME		•	
STREET ADDRESS			2.3 ST	REETA	DDRESS		- 1
CiTY-ST-ZIP	·		2. 4 CI	Y-\$T-	ZIP	The second secon	
TITLE	·	DELETE	3.1 TTT	LE	ļ	☐ Change	Addition
NAME			3.2 NA	ME			Ì
STREET ADDRESS			3.3 ST	REETA	DORESS		
CITY-ST-ZIP			3,4. Cr	TY-\$T-	ZIP		<u> </u>
TITLE		☐ DELETE	4.1 TIT	LE	1	☐ Change	Addition
NAME	<u>^</u>		4, 2 NA	ME			l
STREET ADDRESS			4.3 ST	REETA	DORESS		1
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP		
TITLE		☐ DELETE	5.1 TIT			Change	Addition
NAME			5.2 NA			•	1
STREET ADDRESS					DORESS		-
CITY-ST-ZIP			5.4 CIT		ZIP		
TITLE	Ì	☐ DELETE	6.1 TIT		ļ	☐ Change	Addition
			6.2 NA	L PC	1	•	i

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

ure required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR