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COI	PROFIT RPORATION UAL REPORT 1999	THE P	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			te te			0		
1. Corporation	MENT # P92000 ON NAME ON PEARL, INC.	XX 7	7013			99 JA	N 27 AM	In: 1 Lor	iDA		
•	ce of Business		iling Address						<u></u>		
800 CORPORA 510	ITE DR.	900 510	CORPORATE DR.								
FT. LAUDERDA US	NLE FL 33334	LAUDERDALE FL 33334		3.	Date Incomp	porated or Quali		IN THIS SPA	CE		
2. Principal F	Place of Business	2a.	Mailing Address		4.	FEI Numbe	or			Ap	plied For
21 Suite, Apt.	# atc	26	Suite, Apt. #, etc.			65-03710	677				dditional
22	. <del>17</del> , 610.	27	Cone, Apr. #, erc.		5.	Certifcate o	of Status Desire	d [		Fee Re	
City & Sta	te		City & State		6.		mpaign Financi	ing [		5.00	•
Zip	Country	28	Zip	Country	8.		Contribution ation owes the	current		Added to	o rees
24	9. Name and Address of Curre	29	3	0			roperty Tax. Address of Ne	uv Bani	Y		□No
A41		it regist	ereo Agent	81 Name	U	1. 1.	100 AC		araien Wall		
	JS, MONICA I IONICA I. SALIS, P.A.			82 Street	Address (F	P.O. Box Nur	nber is Not Acc	eptable)	)	<del></del>	
800 CORPORATE DR SUITE 510				83 ()		LR 01	Venic	<u>e</u>			
FT.	LAUDERDALE FL 33334			<u>こし</u> 84 Gib	PG		. 0 /		85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	12 and 60	7 1508 Florida Statutes	Fo	corporatio	_avd-	<i>LICAL</i> s statement for	the pur	FL	Zip C	registered
office or i	registered agent, or both, in the State am familiar with and accept the obliga	of Florida	a. Such change was auth Section 607.0505, Florid	norized by the corp a Statutes.	oration's b	oard of direct	tors. I hereby a	cept the	e appointmen	nt as reg	istered
SIGNATURE	101	קומינע	T One	egistered Agent signature r				10/	1999	7	
12.	OFFICERS AN		CTORS	13.	<del></del>		CHANGES TO		ERS AND DIF	RECTO	
TITLE NAME	PS WALCOFF, HARRY		☐ DELETE	1.1 TITLE 1.2 NAME						hange	☐ Addition
STREET ADDRESS	800 CORPORATE DR SUITE 5	10		1.3 STREET ADDRESS	100	s Is	le ot	V	enive	SI	ip #6
CITY-ST-ZIP	FT. LAUDERDALE FL		<u> </u>	1.4 CITY-ST-ZIP	Fort	Lava	leidale	F	333	01	
TITLE NAME			☐ DELETE	2.1 TITLE 2.2 NAME						hange	☐ Addition
STREET ADDRESS				23 STREET ADDRESS							
CITY-ST-ZIP			☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE					ПС	Change	Addition
HAME			_ beer in	3.2 NAME			יסממני	127	_	•	_
STREET ADDRESS				3.3 STREET ADDRESS		•	-02	7037	99010	)14	-021
TITLE			☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			**	**1 <u>5</u>	0.00 <u></u>	<b>∔≱</b> ≢ } hange	S∏ U∏ ☐ Addition
NAME				4.2 NAME							
STREET ADDRESS				4.3 STREET ADORESS							
CITY-ST-ZIP TITLE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE						hange	☐ Addition
NAME				5.2 NAME							Î
STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP							İ
TITLE			DELETE	6.1 TITLE		_				hange	☐ Addition
NAME				6.2 NAME	1	. 1 -	-	,	240	_	

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 showered.

SIGNATILEE.