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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000011490

Corporation Name

FILED
Feb 23, 1999 8:00 am
Secretary of State
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2		Maille Address		_ <del>_</del>	1	DODON NI <b>ji</b> da Medil I	1910 1911 970 1891	
Principal Place		Mailing Address	\-		<b>†</b>			
1111 KANE CONCOURSE   605		1111 KANE CONCOURS 605	St.			,		
BAY HARBOUR ISLANDS FL 33154		BAY HARBOR ISLANDS FL 33154		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 12/14/1992			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26 Suite, Apt. #, etc.			65-0414615		Not Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired Security Securi			
City & State		City & State _		6. Election Campaign Financing 55.00 May Be		0 May Be		
23		28	28		Trust Fund Contribution Added to Fees		ed to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year			
24	25	29	30		Personal Property Tax.	Yes	No	
ļ. ——	9. Name and Address of Curre	nt Registered Agent		nd 11 /	10. Name and Address of New Register	red Agent		
SHE	VLIN, BARRY T		ļ	81 Name A	CRUT. Sheulin	)	į	
	P. GARY AVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	- (	te 605	
	MI BEACH FL 33141		ļ	111	KANE CONCOUS	6 701	7000	
IVIII	MI DEACHTE 05141			83 3	us Harbor Islan	ds FC	33/54	
1			-	84 City		85 Z	ip Code	
						FL  °°	<u> </u>	
11. Pursuant i	to the provisions of Sections 607.656 egistered agent, or both, in the State	02 and 607) 150%, Florida Sta of Florida Such change w	tutes, the at authorized	ove-named corp by the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the a	se or changing ppointment as	registered	
omot di	a familiar with and accept the oblig	tions of Section 607 0504	Florida Statu	tes.	• • • • • • • • • • • • • • • • • • • •		· i	
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SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (N	OTE: Registered	Agent signature require	d when reinstating) DAT	-//		í
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if Japplicable (N ND DIRECTORS	OTE: Registered	Agent signature require		S AND DIREC	TORS IN 12	(00)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable (N	OTE: Registered at 13.	Agent signature require	d when reinstating) DAT	-//	TORS IN 12	(00,77)
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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 another 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF