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

PROFIT **CCRPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

1999

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90125 040 ***150.00

DOCU 1. Corporate OML	MENT # + 930 IS CORPORATION	000039	57	_							
Principal Plac	ce of Business	Mailing Address	·			-					
	IDTH AVENUE A		FLOI	DP							
	E WORTH FLON			- ^							
US						DO NOT WRITE IN THIS SPACE					7
							corporated or Qualifed				
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Nur	3/1993		l An	nl od For	-
21	lace of business	26. Washing Address					132820		——————————————————————————————————————	pl ed For t Applicable	{
Suite, Ap:	. #, etc.	Suite, Apt. #, etc.							\$8.75		1
22	27					5. Certifca	te of Status Desired		Fee Re		
City & Star	ate City & State					-\$5:00 May Be				May Be	1
23	28					Trust Fund Contribution Added to Fees					
Zip	Count y Zip			ry		8. This corporation owes the current year Intangible					
24	25	29 30	וס				I Property Tax.	3 - 1 - 4	Yes	[]No	-
	9. Name and Address of Current to		8	1 Na	 ame	10. Name a	nd Address of New I	Registered	Agent		1
LEU	US, RICHARD C.		_							_	
7,99	BRICKELL PLA	ZA	8	2 St	treet Addres	ss (P.O. Box	Number is Not Accept	able)			
Sul	TE 702		8	3							
11/15	AMI, FLORIDA 1	33 <i>1</i> 37									
			8	4 Ci	ity			Fl.	85 Zip C	o de	
office or r agent. I a	to the provisions of Sec tions 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was auth	orized b	y the	med corpor corporation	ation submits 's board of di	this statement for the ectors. I hereby accept	purpose of pt the appci	changing its ntment as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	id title if applicable (NOTE Re	gistered Ag	ent sign	nature requir 3d w	when reinstating)		DATE			<u>~</u>
12.	OFFICERS AND DIRECTORS		13.			ADDITIO	VS/CHANGES TO OF	FICERS A	ID DIRECTO	RS IN 12	ĕ
TITLE	□ DELETE		1.1 TITLE						☐ Change	☐ Addition	CR2E034 (11/98)
NAME	BERNSTEIN, MICHAEL E		12 NAME	12 NAME							8
STREET ADDRESS	1926 10 TH AVE No, 4TH FLOOR		1.3 STREET ADDRESS		i						Į Į
CiTY-\$T-ZIP	LAKE WORTH, FLORIDA 33461		14 CITY-ST-ZIP						Change	Addition	K
TITLE	BERKSTEIN, LOUIS		2.1 TITLE						☐ Change		Ĭ
NAME STREET ADDRESS	MALION A		2.2 NAME 2.3 STREET ADDRESS		0500						
CITY-ST-ZIP	LAKE WORITH, FLIRIDA 33461		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP								
TITLE	/ \ L DELETE		31 TITLE						☐ Change	Addition	
NAME	HANDREKE (BEKNSTEIN), SARA		3.2 NAME								
STREET ADDRESS	1926 10th AVE. N., 4th FLOOR		3 3 STREET ADDRESS		RESS						
CiTY-ST-ZIP	LAKE WORTH, FLORIDA 33461		3.4. CITY-ST-ZIP								l
TITLE	☐ DELETE		4.1 TITLE						Change	☐ Addition	1
NAME			4 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CPTY-ST-ZIP			4 4 CITY-ST-ZIP								ı
TITLE	l s			5.1 TITLE					Change	☐ Addition	ı
NAME			5.2 NAME								ı
STREET ADDRESS			5 3 STREET ADDRESS		RESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						Change	Addition	
TITLE	☐ DELETE		6.1 TITLE 6.2 NAME						☐ Change	☐ Addition	
NAME			6.3 STREE		RESS						
STREET ADDRESS			6.4 CITY-								
CITY-ST-ZIP		his files does not avalify for the			totod in 3aa	stion 110 07/	Wil Florido Statutos	l further no	lify that the in	fo mation	

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 ce tify that the information indicates on this annual report or supplemental aroual 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:

NINTED NAME OF SHORTING OFFICER OR DIRECTOR