PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90198 034 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000021443

1. Corporation Name

CITY-ST-ZIP

SIGNATURE:

CYNTHIA L. SHERR, P.A.

Principal Place of Business Mailing Address						-	ak i ia k j a (an 1111) karai	AMINE HOUSE GALL	A ICANI CIRCI AIAM A	EB00 1411 4EB4	
1940 HARRISON ST 1940 HARRISON ST		ON ST									
SUITE 300 SUITE 300							DO NOT MOITE IN THIS SPACE				
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
US		03					03/23/1				
2 Principal P	lace of Business	2a. Mailing A	Address				4. FEI Numi			Apr	olied For
21	iace of Business	26					65-039			<u> </u>	Applicable
	#, etc.		ot. #, etc.							\$8.75 A	dditional
City & State Zip Country		27	مراجع المحادث	÷		. ;	5. Certificate	of Status Desired		Fee Rec	quired
		City & State				6. Election (ampaign Financin	g 🗆	\$5.00	May Be	
23		28					Trust Fun	d Contribution		Added to	Fees
Zip	Country	Zip	, · —				8. This corporation owes the current year Intangible				
24	25	29	30	0				Property Tax.			□No
	9. Name and Address of Current	t Registered Ag	ent	_	1	Name	10. Name an	d Address of Nev	v Kegisteret	ı Agent	
SHE	RR, CYNTHIA L			ľ	"	IAGUIG					
1940 HARRISON STREET			8	32 Street Address (P.O. Box Number is Not Acceptate				ptable)		1	
SUITE 300			8	3			_ _				
HOLLYWOOD FL 33020 .			[65]								
				8	4	City			F	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.1508.	Florida Statutes	, the abo		named corpo	oration submits	his statement for t	he purpose o	of changing its	registered
office or r	egistered agent, or both, in the State of the familiar with, and accept the obligations.	of Florida. Such d	change was auth	norized b	ov th	ne corporatio	n's board of dire	ctors. I hereby ac	cept the app	pintment as reg	istered
3-	12-10 VV	ions or, section	007.0505, FIORD	A A	55. I	CHI	=0 L	स	4/	15/99	ł
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: R	egistered A	gent :	signature required	when reinstating)		DATE	.9/11	
12.	OFFICERS AN	D DIRECTORS		13.			ADDITION	S/CHANGES TO	OFFICERS A		
TITLE	DPST	· I	☐ DELETE	1.1 TITLE	Ē					☐ Change	☐ Addition
NAME	SHERR, CYNTHIA			1.2 NAM	E	1					\
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD FL 33020			1,4 CITY		ZiP				Charan	Addition
TITLE	☐ DELETE 21			2.1 TITLE						Change	☐ Addition
NAME						1]
STREET ADDRESS						ADDRESS				,	
CITY-ST-ZIP	<u> </u>		DELETE	2. 4 CITY 3.1 TITLE		-ZIP		<u> </u>		Change	Addition
TITLE			O petric	3.1 IIILE		ļ				onlange	
NAME					_	ADDRESS					
STREET ADDRESS				3,4. CITY		ļ					
CITY-ST-ZIP			☐ DELETE	4,1 TITLE	_	-217				☐ Change	Addition
NAME	·			4. 2 NAM							_
STREET ADDRESS						ADDRESS					ļ
CITY-ST-ZIP	134										
				4.4 CITY		7IP					ļ
TITLE			☐ DELETE	4.4 CITY	-\$T-	ZIP				☐ Change	Addition
			DELETE		-\$T-	ZIP				Change	Addition
TITLE	,		□ DELETE	5.1 TITLE 5.2 NAM	-\$T- E E	ZIP ADDRESS				☐ Change	Addition
TITLE NAME			DELETE	5.1 TITLE 5.2 NAM	- \$T- E E EET #	ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS			□ DELETE	5.1 TITLE 5.2 NAM 5.3 STRE	-\$T- E E EET #	ADDRESS				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY	- \$T- E E EET # - \$T-	ADDRESS					

6.4 CITY-ST-ZIP

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 charged, or on an attachment with an address, with all other like empowered.