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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026692 1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90200 018 ***150.00

| CB OPTI | X, INC. | | | | | | |
|--|---|------------|--|------------------|---------------------------------------|--|--|
| Principal Place | e of Business | Mai | ling Address | | | | - I (BBHWart tim iding tritt kater dater abert abert abert arein arein zeiten tran erein |
| 2295 CORPORATE BLVD. N.W. 2295 CORPORATE BLVD. N. SUITE 215 SUITE 215 | | | N.W. | W. | | DO NOT WRITE IN THIS SPACE | |
| BOCA RATON FL 33431 BOCA RATON FL 33431 | | | | • | | 3. Date incorporated or Qualifed | |
| | • | | | | | | 04/09/1993 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For | |
| 21 26 | | | | | | 65-0430407 Not Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desired See Required |
| City & State City & State | | | | | ············ | 6. Election Campaign Financing \$5.00 May Be | |
| 23 28 | | | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | | Zip | Cou | ntry | | This corporation owes the current year Intangible |
| 24 | 25 | 29 | | 30 | | | Personal Property Tax. Yes No |
| | 9. Name and Address of Curr | ent Regist | ered Agent | | | 1 | 10. Name and Address of New Registered Agent |
| | | | | | 81 | Name | |
| DAMATO, LAURA B 2295 CORPORATE BLVD NW, SUITE 215 BOCA RATON FL 33431 | | | | 82 | Street Addre | ess (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | | 185 的時間的時間也有機能力。 1865年 | |
| | | | | 84 | City | FL 85 Zip Code | |
| 12. | Signature, typed or printed name of registered a OFFICERS | | TORS | 13. | | nt signature required | when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| TITLÉ | D | | ☐ DELETE | 1.1 17 | | | □ Change □ Audition |
| NAME. | BROWN, CESARE W | C 04E | | 1.2 N/ | | | |
| STREET ADDRESS | | | | | 1.3 STREET ADORESS 1.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP | BOCA RATON FL 33131 | | ☐ DELETE | 1.4 CI 2.1 TI | | T-ZIP | Change Addition |
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| CITY-ST-ZIP | | | —————————————————————————————————————— | | | T-ZIP | f ^m than the salation |
| TITLE | | | ☐ DELETE | 6.1 TI | | | Change Addition |
| NAME | | | | 6.2 N | | T 4000500 | |
| STREET ADDRESS | | | | | TKEE! | T ADDRESS | |

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 561-995-0821