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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300049261

1. Corporation 6313-14-		7.020	•									
Principal Place of Business Mailing Address							\exists	<u> </u>		IBIB IBIIA IIAYA	HOLER IERE IRAN	
1401 MANATEE AVE W. C/O CHAIT. JONATHAN SUITE 920 52 SUMMIT CIRCLE												
BRADENTON FL 34206-0551 MONTREAL QU H3Y1B								DO NOT WRITE IN THIS SPACE				
		US					ŀ	3. Date Incorporated or Qualifed 07/15/1993				
2. Principal P	lace of Business	2a. Mailing Address				-	4. FEI Number		I A	oplied For		
21	acco of Buomeou	26						65-6132459		\rightarrow	ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						<u>.</u>		Additional equired	
City & Stat	9		City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28	.8					Trust Fund Contribution	<u> </u>		to Fees	
Zip	Country	Zip	7	Cou	ntry		1	8. This corporation owes the current	year Inta		.	
24	25	29 H.	371B3 [30 0	11	טמעו	11	Personal Property Tax.		☐Yes	□No	
	9. Name and Address of Current	Registered A	gent		81	Name	1	10. Name and Address of New Reg	jistered /	Agent		
QUINLAN, JOHN V					of Name							
1401 MANATEE AVE W.					82 Street Addre			(P.O. Box Number is Not Acceptable	∌)			
SUITE 920					83				-			
BRADENTON FL 34206-0551												
					84	City			FL	85 Zip	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such	i change was au	uthorized	l by	the corpora	rpora ition's	tion submits this statement for the pu board of directors. I hereby accept to	rpose of he appoir	changing its itment as re	s registered egistered	
					egistered Agent signature required v			when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND	DIRECTORS		13.	n =			ADDITIONS/CHANGES TO OFFIC	ERS AN	Change	Addition	
TITLE	D CHAIT IONATHAN	=			1.1 TITLE					Ollarige		
NAME	CHAIT, JONATHAN				1.2 NAME 1.3 STREET ADDRESS							
STREET ADDRESS					1.4 CITY-ST-ZIP				1	13Y I	133	
CITY-ST-ZIP TITLE	MONTREAL, CANADA H3Y1B		☐ DELETE	2.1 TI		1-ZIP			•	Change	Addition	
NAME				2.2 NA							_	
STREET ADDRESS						ADDRESS					1	
CITY-ST-ZIP			-en-	2.4 C			. ·	en andreas and the second of the second		·		
TITLE			DELETE	3.1 TT						☐ Change	Addition	
NAME				3.2 NA	ME							
STREET ADDRESS				3.3 ST	REET	ADDRESS					1	
CITY-ST-ZIP				3.4. C	ΠY-S	T-ZIP						
TITLE			DELETE	4.1 TT	ΠE					☐ Change	☐ Addition	
NAME				4. 2 N	AME]	
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 CF	TY-\$1	T-ZIP						
TITLE			☐ DELETE	5.1 TT						Change	☐ Addition	
NAME				5.2 NA								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			<u></u>	5.4 CF		T-ZIP						
TITLE			□ DELETE	6.1 TT	ILE	ŀ				Change	Maddition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR