**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOCOS1121

1. Corporation	LTY, INC.	J31121						
Principal Place of Business Mailing Address							01101 11001 11010 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2700 W CYPRES	S CR RD	2700 CYPRESS CREEK RE	)					
C-111						DO NOT WRITE IN THIS	SPACE	
FT LADUERDALE F 33309 US  FT LADUERDALE F 33309 US  US						3. Date Incorporated or Qualifed		
03		VV				07/19/1993		
2. Principal Pl	ace of Business	2a. Mailing Address				_4. FEI Number _	Apr	olied For
21		26	26			65-0422146		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			···	5. Certificate of Status Desired	\$8.75 A	
22	•	27				5. Certificate of Status Desired	Fee Rec	quired
City & State	•	City & State				6. Election Campaign Financing	\$5.00	
23						Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year in		□No
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		81 N	Name	IV. Maile and Address of New Registered	- Agoin	
RACI	KOFF, BEVERLY P		L					
2700 CYPRESS CREEK RD				82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	C-111		-	83			-	
	ADUERDALE FL 33309							
,,,				84 (	City	FL	85 Zip C	ode
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Fl	orida Statu	tes.	e corporation	ration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changing its introduction in the control of the con	registered gistered
	Signature, typed or printed name of registered agent			Agent sk	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTOR	DC IN 12
12,	OFFICERS ANI	DELETE	13.	_		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D DAOKHOEE B B						g-	
NAME	BACKHOFF, B P			1.2 NAME 1.3 STREET ADDRESS				}
STREET ADDRESS	5670 S.E. HIGHWAY 441							
CITY-ST-ZIP	OKEECHOBEE FL 33974	☐ DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
TITLE		□ petrir						_
NAME	_ <del> +</del> -	Name of the latest of the late		2.2 NAME 2.3 STREET ADDRE		· <u>-</u> - · -	e	
STREET ADDRESS								
CITY-ST-ZIP		□ DELETE	_	2.4 CITY-ST-ZIP 3.1 TITLE			Change	☐ Addition
	,			3.2 NAME				
NAME STREET ADDRESS					OORESS .			1
					ľ	•		
CITY-ST-ZIP		☐ DELETE		4.1 TITLE		·	Change	☐ Addition
NAME .		-	4. 2 NA					j
STREET ADDRESS			4.3 STF	REET AD	DORESS			
CITY-ST-ZIP				Y-ST-Z				
TITLE		☐ DELETE	5.1 TITI				☐ Change	☐ Addition
NAME			5.2 NAJ	ME				
			5.3 STF	REET AD	DDRESS			Ì
CITY-ST-ZIP ` ^	\$* + 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5.4 CIT	Y-\$T-Z	'IP			
TITLE (1946)	A. 18 18 18 18 18 18 18 18 18 18 18 18 18	☐ DELETE	6.1 TITI	LE			☐ Change	Addition
MAME 53	thras greet ing		6.2 NA	WE	1			İ

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90158 048 \*\*\*150.00