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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90084 023 \*\*\*150.00

1. Corporation		JU58645					
Principal Place of Business Mailing Address					I JONES HOUR HER BESTELL WAS A STANKED ON THE MENT OF THE BOOK OF THE STANKED OF THE STANK	int alter later \$1561	\$1881 BITI (881
4010 N 28TH TERRACE         4010 N 28TH TERR           HOLLYWOOD FL 33020         HOLLYWOOD FL 33020           US         US					DO NOT WRITE IN TH	IIS SPACE	
00		03			3. Date Incorporated or Qualifed	10 01 702	
0 0000000000000000000000000000000000000	N				08/20/1993		
¬ '	Principal Place of Business 2a. Mailing Address				4. FEI Number	<u> </u>	plied For
21) Suite, Apt.	# etc	Suite, Apt. #, etc.			65-0431741	\$8.75 A	Applicable
22	<i>n</i> , 0.0.	27			5. Certifcate of Status Desired	φο./ ο A	
City & Sta	te	City & State			6. Election Campaign Financing	\$5.00	·
23		28			:Trust Fund Contribution	Added t	
Zip 24	Country [25]	Zip <b>29</b>	Countr 30	у	This corporation owes the current year     Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent	
SUSTIEL, NATAN 2716 SW 55TH ST.			81	Name			
			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
FT.	LAUDERDALE FL 33312		83	3			
			84 City			85 Zip C	Code
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE:	Registered Age	nt signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition
NAME	SUSTIEL, NATAN		1.2 NAME				
STREET ADDRESS	2716 SW 55 ST.		1.3 STREE	T ADDRESS			J
CITY-ST-ZIP	FT_LAUDERDALE_FL-00010	& STORAGE	1.4 CITY- S	ST-ZIP			
TITLE			2.1 TITLE		,	☐ Change	☐ Addition
NAME	2251 S.W. 66	TERRACE	2.2 NAME				
STREET ADDRESS	DAVIE, FL 3	33317	2.3 STREE	T ADDRESS	And the statement of th	-	
CITY-ST-ZIP		_	2 4 CITY-	ST-ZIP			
TITLE		□ DELETÉ	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	SI-ZIP		Change	Addition
NAME (		_ 5===1	4. 2 NAME			C) change	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE	☐ DELETE		5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			1
CITY-ST-ZIP			54 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			f
CITY_ST_ZIP			6.4 CITY-S	T_719			- 1

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.