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

DOCUMENT # P9300062671

Principal Place o	f Business	Mailing Address			
1 SOUTH COUNTY PALM BEACH FL	= =	P.O. BOX 1091 PALM BEACH FL 33480			
2. Principal Plac	e of Business	2a. Mailing Address			
21		26 Suite Ant # etc.			
Suite, Apt. #		Suite, Apt. #, etc.			
21 Suite, Apt. #,					
Suite, Apt. #,		Suite, Apt. #, etc.			
Suite, Apt. #, 22 City & State		Suite, Apt. #, etc. 27 City & State			
21 Suite, Apt. #, 22 City & State 23	etc.	Suite, Apt. #, etc. 27 City & State 28			

FILED Feb 18, 1999 8:00am **Secretary of State**

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Principal Place	of Business	Mailing Address	***	I 19821081 II.S (SINS HINT SOME SOME SOME	ESTA 17848 OTT 1880E 1681 SUST
1 SOUTH COUNTY ROAD		P.O. BOX 1091			
PALM BEACH FL 33480		PALM BEACH FL 33480		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				09/02/1993	
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0514844	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	110.110	_	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip Country Zip			Country	8. This corporation owes the current year Inta	
24	25	29 30		Personal Property Tax.	r
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered A	vyent
CAE	DAM DAIN ID		Traine		
SAFRAN, PAUL JR 265 SUNRISE AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
SUITE 204		83			
PALM BEACH FL 33480			1. 25 14 225 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
* * **			84 City	FI	85 Zip Code * 4
office or r	egistered agent, or both, in the State	e of Florida. Such change was authorations of, Section 607.0505, Florida	orized by the corporation Statutes.	poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	tment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change ☐ Addition
NAME	SHAROUBIM, GEORGE		1.2 NAME	. ,	
STREET ADDRESS	1285 GATOR TRAIL		1.3 STREET ADDRESS		. []
CITY-ST-ZIP	W. P. BEACH FL 33408		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		. [
STREET ADDRESS			2.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP			2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME .			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		3. 红空飘飞机。
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME		_ 511272	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		•	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	• •	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	* · ·		5.4 CITY-ST-ZIP		
TITLE	4.3	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	·	
STREET ADDRESS	•		6.3 STREET ADDRESS		,
CITY-ST-ZIP			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 changed, or on an attachment with an address, with all other like empowered.