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 Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90096 033 ***150.00

DOCUMENT	#	D00000007000
DOCOMENT	#	P93000067300

Corporation Name

(ij٠١	N.I	⟨.,	INC.

Principal Place of Business					
8251	NW 68TH AVE				

Principal Place	of Business	Maining Address			
8251 NW 68TH		8251 NW 68TH AVE		·	
TAMARAC FL 33321 TAMARAC FL 33321			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
			•	09/28/1993	
	40	2a. Mailing Address		4. FEI Number	Applied For
71120	ace of Business	- · · · ·	nalar Dr	65-0438589	Not Applicable
21 1 50	N Flagier In	26 1130 N. +10	40 1		8.75 Additional
Suite, Apt.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired	Fee Required
22]	N/A	27 N/A.			
City & State	and Fl.	City & State	. F1.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	1 27-44 - 1	Country	8. This corporation owes the current year Intang	
24 <i>3</i> 336	24 25 00000	29 33304 30	Brwd.	Tersonary Toparty Taxa	Yes 🛂 No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Age	ent
			81 Name	seorge W. hro	
	PP, GEORGE W		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	NW 68TH AVE		1093	2 NW 4 St.	
TAM	ARAC FL 33321		83	- · · ·	
	,		84 Cira		35 Zip Code
			1 (2000)	b) Dorings FLI	33071
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	he above-named corpo	pration submits this statement or the purpose of cha	nging its registered
office or r	egistered agent, or both, in the State of m farither with, and accept the obligation	Florida, Such change was alitho	rized by the comburatio	n's board of directors. I hereby accept the appointm	ent as registered
		1 1 1 1 1 1 1 1 1	P- +	res. 4/21/	99
SIGNATURE	Signature, typed or printed name or registered agent a	and title if applicable. (NO) E: Regi	stered Agent dignature required		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	D	☐ DELETE	1.1 TITLE D		Change
NAME I	KROPP, GEORGE W		1.2 NAME	eorae W. Nropp	
STREET ADDRESS	8251 NW 68TH AVE		1.3 STREET ADDRESS 10	432' NW 4 St. '	
CITY-\$T-ZIP	TAMARAC FL 33321		1.4 CITY-ST-ZIP	oral Springs Fl. 33	071
TITLE		☐ DELETE	2.1 TITLE	7	Change
_NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	• • •	
			2.4 CITY-ST-ZIP		\
CITY-ST-ZIP	 		3.1 TITLE		Change Addition
NAME !	· ·	j.	3.2 NAME		j
			3.3 STREET ADDRESS		
STREET ADDRESS	•		3.4. CITY-ST-ZIP		
CITY-ST-ZIP			4.1 TITLE		Change
TITLE			4. 2 NAME	·	
NAME STREET ADDRESS			4.3 STREET ADDRESS	•	į
	· .		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change Addition
· ·			5.2 NAME		ţ
NAME CTOCET ADDRESS			5.3 STREET ADDRESS	•	
STREET ADDRESS	Carl Harris	Ĭ	5.4 CITY-ST-ZIP		}
CITY-ST-ZIP		□ DÉLETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS		,		•	
CITY-ST-ZIP	l '		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.

SIGNATURE