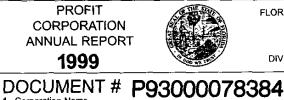
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90035 049 \*\*\*150.00

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UNFORG	GETTABLES, INC.									
Principal Place	of Business	Mailing Address	<del></del>			1   1881  1881   18 1810   1141   1801  1	(815) MB5)) MB)))	881 18189 131 <b>0</b> 1	18111 8/81 1881	
2810 PALMER (		2810 PALMER DR								
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021		021			DO NOT WE	DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						11/12/1993				
2. Principal Pl	lace of Business	2a. Mailing Address	3			4. FEI Number		<u> </u>	plied For	
21		26				65-0448064			t Applicable	
Suite, Apt.		Suite, Apt. #, et	c.			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the cu	rent year Inta		_	
24	25	29	30			Personal Property Tax.			□No	i
<u></u>	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New	Registered A	gent		
WEIS	SBERG, ILENE									
	PALMER DR			82	Street A	ddress (P.O. Box Number is Not Accep	table)			
HOL	LYWOOD FL 33021			83						l
				84	City			85 Zip C	ode	
					City		FL	<u> </u>		[
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such change.	was authorized	a bv	the corpor	orporation submits this statement for th ration's board of directors. I hereby acc	e purpose of o	hanging its tment as rec	registered gistered	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable.	(NOTE: Registered	Agen	t signature rec	quired when reinstating)	DATE			1 6
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	DP ILENE	☐ DELE			ļ			Change	Addition	:
NAME.	WEISBERG, ILENE 2810 PALMER DR		1.2 N		ADDRESS				Į.	1
STREET ADDRESS	HOLLYWOOD FL			ITY-SI	i					
CITY-ST-ZIP TITLE	HOLLIWOODIL	☐ DELE			1-2.11			Change	Addition	}
NAME	İ		2.2 N	AME	1					l
STREET ADDRESS	1		2.3 S	TREET	ADDRESS				ĺ	ŀ
CITY-ST-ZIP				ZITY-S	T-ZIP					l
TITLE		☐ DELI	•		-			Change	☐ Addition	!
NAME			3.2 N							
STREET ADDRESS			1		ADDRESS					İ
CITY-ST-ZIP TITLE		DELE		TILE	1-ZIP			Change	☐ Addition	ĺ
NAME				IAME	)					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-S	r-zip					1
TITLE		☐ DELE						Change	☐ Addition	]
NAME				AME	ADDDEED					ļ
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	<del> </del>	OELI		ITY-S'	1-215			Change	☐ Addition	
NAME			- ' -	AME					_	
STREET ADDRESS			6.3 S	TREET	ADDRESS					

14. 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 of 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 of an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

4/27/29

CRZE034 (11/98)