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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90015 049 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000081680

JULES PEARLSTINE, P.A.

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Principal Place	e of Business	Mailing Address					
2101 CORPORA	•	2101 CORPORATE BLVD).			•	
SUITE 101		SUITE 101					
BOCA RATON FL 33431		BOCA RATON FL 33431	BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE		
US	Marie Company	US	-		3. Date Incorporated or Qualifed		
		,			11/30/1993		
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	1 14	Applied For
-		26			65-0468453		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	\$8.75	Additional
—	#, GIG.	├ ──			5. Certificate of Status Desired	Fee F	Required
22		City & State			6. Election Campaign Financing	\$5.00	May Be
City & State	e	— · ·			Trust Fund Contribution		to Fees
23		28					10.000
Zip	Country	Zip .	Count	try	8. This corporation owes the current year	Tintangible ☐ Yes	□No
24	25	29	30		Personal Property Tax.		
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ea Agent	
	أخراف أوالمرافية المثالة والمتالية	\$.我我一个写话。	1	Name	•		
	rlstine, jules		13	32 Street Add	ress (P.O. Box Number is Not Acceptable)		
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BOC	A RATON FL 33496		ļī.	33	(4)、學學學。與解析和對於	(2) [6.8] (3) [4]	
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			[8	34 City		85 Zi	Code:
and the state of t					the state ment for the purpose	of changing i	ts registered
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida Sta the of Florida: Such change wa	itutes, the abi	ove-named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as	registered
office of r	im familian with, and accept the obj	gayons of Section 607.0505	Florida Statut	es.	1 10 00		
71C	/ . / . / . / . / . / . / . / . /	Unil.			1-/2-99		* `
SIGNATURE	////	7.5			ad when reinstating) (1/4-2/2)		
,	Signature, typed or printed name of registered a	agent and title if applicable. (N	OTE: Registered A	gent signature requir	BO whom remarkings, 1		
	1 1	agent and title if applicable. (N AND DIRECTORS	OTE: Registered A	gent signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
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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 chapter 607, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE