PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90126 009 ***150.00

DOCUI 1. Corporation FEED-U		0083154							
Principal Place	e of Business	Mailing Address			$\neg \neg$		(B(88	31 01(11 0101 160)	
2501 S OCEAN		2501 S. OCEAN DR.			1				
HOLLYWOOD FL 33019		OCEAN CASE				The second secon		· · · · · · · · · · · · · · · · · · ·	
US		HOLLYWOOD FL 33019	· - • ·			DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualified 12/06/1993			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0453623		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State	e	City & State				6. Election Campaign Financing		May Be	
23		28	۸.			Trust Fund Contribution		to Fees	
Zip				intry				No	
24	25		30			Personal Property Tax. 10. Name and Address of New Registered			
	9. Name and Address of Curr	rent Registered Agent		81 Name		10. Haine and Address of New Adjustered	- agoint		
ROGERS, LESTER M									
	1401 NW 17TH AVENUE				t Addres	s (P.O. Box Number is Not Acceptable)			
	MI FL 33125			02					
IVIIAII	W. 1 E 00 120			83					
}				84 City			85 Zir	Code	
				<u> </u>		FL			
i agent. I ai i	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	and 607.1508, Florida Statute ate of Florida. Such change was au igations of, Section 607.0505, Flori	is, the a ithorized ida Stat	bove-named by the con utes.	poration'	ation submits this statement for the purpose of s board of directors. I hereby accept the appoi	ntment as	registered	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered	Agent signature	required w	heπ reinstating) DATE			
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 ∏	TLE.			Change	Addition	
NAME	KATZ: BARRY		1.2 N	AME				· where it is the	
STREET ADDRESS	2501 S OCEAN DRIVE		1.3 S	TREET ADDRESS	s				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 C	ITY-ST-ZIP					
TITLE	VD	☐ DELETE	2.1 TI				Change	Addition	
NAME	KATZ, SIDNEY		2.2 N	AME					
STREET ADDRESS	ALLE LIQUINAMOOD BLUE			TREET ADDRESS	s				
	HOLLYWOOD FL			CITY-ST-ZIP					
CITY-ST-ZIP	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	3.1 TI		1		Change	e Addition	
		<u> </u>	3.2 N					•	
NAME	Land Control			TREET ADDRES					
STREET ADDRESS	West Reserved				°				
CITY-ST-ZIP			3.4. C	CITY-ST-ZIP			☐ Change	e Addition	
TITLE .			4						
NAME	ļ		4. 2 N			•			
STREET ADDRESS				TREET ADDRES	9				
CITY-ST-ZIP		—————————————————————————————————————	_	TTY-ST-ZIP			☐ Chang	e	
TITLE		☐ DELETE	5.1 TI				□ снанд	- U Additiol	
NAME	[5.2 N		_				
STREET ADDRESS			5.3 S	TREET ADDRES	S				

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 attackment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Change

☐ Addition