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

-PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DIVISI			=	Secretary of State SION OF CORPORATIONS				Secretary of State					
i. 00.po.a.a	MENT # P94 AN LOGIC, INC.	000000	810					01-21-1999 9001	9 037 *	**150.	.00		
AWEITO	AIT EOUIO, 1110.												
Principal Place of Business Mailing Address							\neg	ı iddilibbi ilm imili midil ballı kullı muş	11 44 111 55 1111	}#IUI IUIU			
			BISCAYNE BLVD #373 H MIAMI FL 33181				DO NOT WRITE IN	I THIS SP.	ACE				
							"	Date Incorporated or Qualifed 01/05/1994					
2. Principal Place of Business 2a. Ma 21 26			failing Address			4.	4. FEI Number 65-0457693			Applied For Not Applicable			
22 27			Suite, Apt. #, etc.			5.	Certificate of Status Desired	\$	-	Additional equired			
City & Stat	City & State City & State						6.	Election Campaign Financing Trust Fund Contribution		•	May Be to Fees		
Zip					try		8.	This corporation owes the current y	_		_		
24 25 29								Personal Property Tax.		Yes	□No		
9. Name and Address of Current Registered Agent 81 Name						Name	10.	Name and Address of New Regis	tered Age	<u>nt</u>			
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTRD					"	Name							
					32	Street Add	Iress (F	ress (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134				8	33					* *	51 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		
15 An 27 An 14 An 15 An					34	City			FL 8	5 Zip (Code		
office or r	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	he State of Florida	Such change was au	thorized b	y th	named con he corporat	poration ion's bo	n submits this statement for the purposerd of directors. I hereby accept the	se of char appointme	nging its int as re	registered gistered		
SIGNATURE	Signature, typed or printed name of re	distanced agent and title if a	nnicable (NOTE: F	Registered Ar	tran	signature requir	ed when	reinstating)	ATE				
12. OFFICERS AND DIRECTORS					13,			ADDITIONS/CHANGES TO OFFICE		IRECTO	ORS IN 12		
TITLE	P DELETE			1.1 TITLE				1.7.12		Change	Addition		
NAME	ME WATERSTRIPE, ROBERT F			1.2 NAM	E	-							
STREET ADDRESS 12864 BISCAYNE BLVD #373				: 1.3 STREET ADDRESS									
CITY-ST-ZIP NORTH MIAMI FL 33181				1.4 CITY+ST-ZIP									
TITLE	, DELETE			2.1 TITLE					Change	☐ Addition			
NAME				2.2 NAME									
STREET ADDRESS	in the			2.3 STREET ADDRESS									
CITY-ST-ZiP	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2.4 CITY-ST-ZIP						_			
TITLE 7	7 - 1 - E		☐ DELETE	3.1 TITLE						Change	☐ Addition		
NAME		P (1), 2) +		3.2 NAM	E								
STREET ADDRESS	respectation is the first of th			3.3 STRE	ET A	ADDRESS					,		
CITY-ST-ZIP	Martin in the second of the se			3.4. CITY	'- \$T-	- ZIP					<u></u>		
TITLE		;	☐ DELETE	4.1 TITLE	=					Change '	Addition		
NAME				4. 2 NAM	E	1							
STREET ADDRESS	`·			4.3 STRE	ETA	DORESS							

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 supplier ental 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 officer or director of the corporation Block 12 or Block 13 if changed

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP 6.1 TITLE

5.1 TITLE 5.2 NAME

SIGNATURE:

adding.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TILE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

☐ Change

☐ Addition

☐ Addition

FILED

Jan 21, 1999 8:00am

CR2E034 (11/98)