PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90018 030 \*\*\*150.00

DOCUMENT # P9400002539								
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5010.11								
		12-W-0 Address				{	E ILEDI BIHA	
Principal Place		Mailing Address				}		İ
6900 N.W. 34TH MARGATE FL 3		5601 NW 8TH ST Margatte FL 33065					•	
US	<b>3.63</b>	US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		:
						01/06/1994		
2. Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number		olled For
21		Suite, Apt. #, etc.			· .	65-0463290	\$8.75 A	Applicable
Suite, Apt.	#, <b>e</b> tc."	27				5. Certificate of Status Desired	Fee Rec	
22 City & State	P	City & State				≥6: Election Campaign Financing	\$5.00	May Ro
23		28				Trust Fund Contribution Added to Fees,		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible		
24	25 29 30				Personal Property Tax. Yes No			
	9. Name and Address of Current I	Registered Agent		┖┈		10. Name and Address of New Registered Ap	gent	
				81 1	Name .			
	ZER, CHARLES M			82 5	Street Addres	Address (P.O. Box Number is Not Acceptable)		
6900 N.W. 34TH STREET								
MAN	GATE FL 33063			83				į (
					City	FL	85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the a	bove-n	amed corpor	ration submits this statement for the purpose of chirs board of directors. I hereby accept the appointment of the purpose of t	anging its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth as of, Saction 607.0505, Fiorida	onized Stati	iby the utes.	e corporation	is board of directors, i neighby accept the appoint	пони ва наф	ISIETEG
SIGNATURE	Che & BT	,						
OIGIGATORE	Signature, typed or printed name of registered agent			Agent sig	dureprise Ledinised A		DIDECTOR	<del></del> 8
12.	OFFICERS AND	DIRECTORS	13. ETE 1.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND	Change	CR2E034 (11/88)
TITLE	PD CHADLES M	₽ pereie	1.7 (ILE 1.2 NAME			•		4
NAME	DOIZEI, OINEELO III		1.3 STREET ADDRESS		raess			( 8
STREET ADDRESS	MARGATE FI.		1.4 CITY-ST-ZIP					2
CITY-ST-ZIP	S	☐ DELETE	21 TITLE				Change	Addition O
NAME	BUTZER, CHARLES M	<u>.</u> .	22 NAME					.
STREET ADDRESS	6900 N.W. 34TH STREET	· ·		2.3 STREET ADDRESS				
CITY-ST-ZIP	MARGATE FL			2.4 CITY-5T-ZIP				'
TITLE		□ DELETE	3.1 TITLE				Change	Addition
NAME		321		32 NAME				
STREET ADDRESS	TADORESS		3.3 STREET ADDRESS		ORESS			
CITY-ST-ZIP			3.4. CITY-5T-ZIP		3P		Chenna	Addition
TITLE		☐ DELETE 4.1T				. Change		
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET					
CTTY-ST-ZIP		D DELETE	5.1 TITLE		P		Change	Addition
TITLE		- vecere	5.1 INLE 5.2 NAME		1			_
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STREET ADDRESS CITY-ST-ZIP	(AURESS			5.4 City-ST-ZIP				1 1
TITLE	<del></del>	□ DELETE	6.1 TIT	TLE			Change	Addition
NAME			6.2 N	WE	1			
STREET ADDRESS	2. Teller 2003		6.3 ST	REET AD	DRESS			ŀ
CITY-ST-ZIP	<u> Tarita da Partira da</u>			TY-ST-ZI			_	
44 I beenbu o	antife, the state of Information accombined south	this filled door not qualify for the	AVA:	motion	etated in Se	ction 119 07/3Vi) Florida Statutes, I further certify	that the in	formation

4. I hereby certify that the Information supplied with this filling 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 executa this report as required by Chapter 807. 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.

SIG	NΔ	TH	DE.

SCONATION REPORTED AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3-31-99

Daytime Phone