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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000019197

1. Corporation Name

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90015 005 ***150.00

	(& CO., INC.						
Principal Place	e of Business	Mailing Address					# 18111 18 BI HBBI
20402 NE 15TH		20402 NE 15TH COURT					
NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33							
					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 03/11/1994		
		n Mailing Addrson			4. FEI Number		pplied For
_	lace of Business	2a. Mailing Address			65-0473828		ot Applicable
21		Suite, Apt. #, etc.			03 047 3020	- 1	Additional
Suite, Apt.	#, etc.				5. Certifcate of Status Desired		Required
22 City & State		27City & State			Election Campaign Financing	\$5.00) May Be
_ ′		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	īV	8. This corporation owes the current year In	ntangible	
	25	'	30		Personal Property Tax.	Yes	□No
24	9. Name and Address of Currer		1		10. Name and Address of New Registered	Agent	
	V. Carrier and Carrier at Administration		8	11 Name			7
FELC	DMAN, SUSAN		-	2 2 4	(D.C. D. Alember is Alex Apparatula)		
20402 NE 15TH COURT			Į*	Street Ad	dress (P.O. Box Number is Not Acceptable)		t
NOR	TH MIAMI BEACH FL 33179		1	3			
			L				
			8	14 City	. FI	85 Zip	Code
4. 5.	to the previous of Sections 607.060	12 and 607 1509. Florida Statute	e the shi	ve-named co	marrian submits this statement for the nurnose (f changing it	s registered
l office or r	edistared agent or both in the State	of Florida, Suich chande was al	utnonzea i	ov the comous	ition's board of directors. I hereby accept the appe	ointment as r	egistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Floi	rida Statut	es.			1
SIGNATURE							
					DATE		
	Signature, typed or printed name of registered age	······································		gent signature (equ	DATE ADDITIONS/CHANGES TO DESICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.	T	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
12.	OFFICERS AN	······································	13. 1.1 TITL	· ·			
12. TITLE NAME	OFFICERS AN PD FELDMAN, SUSAN	ID DIRECTORS	13. 1.1 TITL 1.2 NAM	E E			
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD FELDMAN, SUSAN 1905 N.E. 214TH TERR.	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR	E EET ADORESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN PD FELDMAN, SUSAN	ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	E E EET ADORESS -ST-ZIP		☐ Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN PD FELDMAN, SUSAN 1905 N.E. 214TH TERR.	ID DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL	E E EET ADDRESS -ST-ZIP			Addition
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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 changed or on an attachment with an address, with all other like empowered.

SIGNATURE: