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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P94000027340

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90219 010 ***150.00

COUPON	imania, inc.								
Principal Place	of Business	Mailing Address	_			 	BRIL BOILL BELLU I	HANA NEBADA HANA	# ## ##
4891 NW 103RD AVE P.O. BOX 26895 SUITE 14 SUNRISE FL 33320 US US						DO NOT WR	ITE IN THIS	SPACE	
US		•				 Date Incorporated or Qualifed 04/11/1994 	I		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_	Ap	plied For
	SAMOSTOINT BLUD-	26				65-0481726			t Applicable
Suite, Apt.	#, etc."	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 / Fee Re	-
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 TAMARAC 28						Trust Fund Contribution		Added 1	o Fees
_ Zĺp´´	Country	Zip	Country			8. This corporation owes the cu		angible Yes	□No
24 3332/	9. Name and Address of Current	29 Registered Agent	30		i	Personal Property Tax. 10. Name and Address of New		'	
<u></u>	g. Name and Address of Current	registered Agent	81	Name		to. Hamb and Hadrood Or House			
EPSTEIN, RICHARD W ESQ. 100 W. CYPRESS CREEK RD.			82	Street	Addres	s (P.O. Box Number is Not Accep	table)		
FT. LAUDERDALE FL 33309			83		-				
				211				los l Zin /	2-42
			84	,			FL		Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	' Florida. Such change was a	lutnorized by	the corpo	corpora oration?	ation submits this statement for the s board of directors. I hereby acco	e purpose of apt the appoir	changing its ntment as re	registered gistered
SIGNATURE		MOTI	E. Registered Ager	et cianatura r	required w	han reinetating)	DATE		}
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE. RI OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
TITLE	PD	DELETE		1,1 TITLE				Change	☐ Addition
NAME	CHAZEN, BERNARD		1.2 NAME	1.2 NAME		14 - A	0.115	سر عا	a.a
STREET ADDRESS	4891 NW 103RD AVENUE	1 NW 103RD AVENUE		1.3 STREET ADDRESS 83		10 SANDS POINT MARAC, FL 33	BUD	Ar.	3/0
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-S	1.4 CITY-ST-ZIP		MARAC, FL 35	32/		
TITLE	DVST X DELETE 2		2.1 TITLE			•		Change	☐ Addition
NAME	HURWITZ, STEPHEN A.		2.2 NAME	a l					
STREET ADDRESS			2.3 STREET ADDRESS		-			_	
CITY-ST-ZIP	SUNRISE FL			2.4 CITY-ST-ZiP				☐ Change	Addition
TITLE	☐ DELETE		3 1 TITLE	B I				☐ Change	
NAME			3.2 NAME	r + DODEDO	ļ				
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP	☐ OELETE			3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
TITLE				4. 2 NAME				_ •	
NAME STREET ADDRESS				TADDRESS	}				
CITY-ST-ZIP			4.4 CITY-S						
TITLE	☐ DELETE		5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME				•		J
STREET ADDRESS			5.3 STREE	FADORESS					}
CITY-ST-ZIP			5.4 CITY-S	5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME			6.2 NAME						
			c o orogr	ADDRESS	l				Į

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 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.

6.4 CITY-ST-ZIP

SIGNATURE: