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Feb 20, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000028242

FINBERG	ENTERPRISES, INC.						I Annianni ain heik neuk noki nokil a	anik endan enden i		
Principal Place of Business Mailing Address										
21805 OLD BRIDGE TRAIL 21805 OLD BRIDGE TRAIL							•			
BOCA RATON FL 33428 BOCA RATON FL 33428 US US							DO NOT WE	RITE IN THIS	SPACE	
ا		03					3. Date Incorporated or Qualife			
j							04/12/1994			
2. Principal P	Place of Business	2a. Mailing Ad	ddress			——	4. FEI Number		· [	Applied For
21		26					65-0517178		-	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt	#, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
22		27					5. Certificate of Status Desired		Fee	Required
City & Stat	te	City & Sta	ate				6. Election Campaign Financing	g _	\$5.	00 May Be
23		28		·			Trust Fund Contribution			led to Fees
Zip	Country	Zip		Country	У		8. This corporation owes the cu	ırrent year in		_
24	25	29		30			Personal Property Tax.		Yes	No
	9. Name and Address of Cu	irrent Registered Age	<u>nt                                     </u>		al Name		10. Name and Address of New	Registered	Agent	
KAT7	, LIANE			81	1 Name	•				
	5 OLD BRIDGE TRAIL			82	2 Street	Addres	s (P.O. Box Number is Not Accep	otable)s.		
	A RATON FL 33428			-	<del>↓</del>			<u> </u>	, <u>.</u>	
500,	1101101112 00720			83	3					
			,	84	4 City			FL	85	Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508. FI	lorida Statut	tes, the abov	ve-named	corpora	ation submits this statement for th	e nurnose of	changing	its registered
office or r	registered agent, or both, in the Si am familiar with, and accept the of	tate of Florida. Such ch	ange was a	uthorized by	the com	oration'	s board of directors. I hereby acc	ept the appo	intment a	s registered
ayent. ra	ini taminai wilii, and accept the ot	unganons or, section bu	)7.0505, Flo	nda Statuté	s.					
	яп тапшаг міш, анд ассері ше од	oligations or, Section 60	)7.0505, Fic	orida Statute	S.		· .			
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable.	07.0505, F1o	erida Statute:	S.		then reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registerer OFFICERS	d agent and title if applicable.	07.0505, Flo	: Registered Age	S.			DATE		
SIGNATURE  12. TITLE	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable.	07.0505, F1o	: Registered Age 13.	S. ent signature		then reinstating)	DATE	ND DIREC	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered OFFICERS  D  KATZ, LIANE	d agent and title if applicable.	07.0505, Flo	:: Registered Age 13. 1.1 TITLE 12 NAME	S. ent signature	required w	then reinstating)	DATE OFFICERS AN		
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registeres  OFFICERS  D  KATZ, LIANE  28105 OLD BRIDGE TRAIL	d agent and title if applicable.	07.0505, Flo	: Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	S.  ent signature  ET ADDRESS	required w	then reinstating)  ADDITIONS/CHANGES TO O	DATE		
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14. Thereby 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:

City-ST-ZIP

SIGNATURE REQUIRED

SIGNATURE OF SIGNING OFFICER OR DIRECTOR