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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000029328

1. Corporation Name

## **FILED** Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90064 019 \*\*\*150.00

Terri bi	ECKER, INC.							
Principal Place	e of Business	Mailing Address			.   (851196) (18 1811) 61611	# # 141 W# 141 # # 141 # # 141		14 11 11 11 11 11 11 11 11 11 11 11 11 1
2050 POLO GARDENS DRIVE #202 2050 POLO GARDENS DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414			E #202		20.410	- MOITE IN TUIC	CDACE	
			2		3. Date Incorporated or Qu	T WRITE IN THIS	SPACE	
		T			04/06/1994		7 7 4	For For
<del>.                                      </del>	lace of Business	2a. Mailing Address			4. FEI Number 65-0489432			Applicable
21	# 440	Suite, Apt. #, etc.					\$8.75 A	
Suite, Apt.	#, etc.	27			5. Certificate of Status Des	ired 🗌	Fee Red	
City & State	e	City & State			6. Election Campaign Fina	ncing _	\$5.00	May Be
23	-	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation owes to	ne current year In		_
24	25		30		Personal Property Tax.			□No
	<ol><li>Name and Address of Current</li></ol>	Registered Agent			10. Name and Address of	New Registered	Agent .	<del> </del>
1100	MARKET MANAGE ODA		81	Name				
	IWITZ, WAYNE CPA		82	Street Add	ress (P.O. Box Number is Not A	(cceptable)		
	I W. COMMERCIAL BLVD TE 402 := :	•				·	<del> </del>	
	T LAUDERDALE FL 33309		83					
run	I LAUDENDALE I'E 33303		84	City		F.L	85 Zip C	ode
	,						changing its	registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	it Florida. Such change was au	itnorizea by i	uie corporau	ion's board of directors. I hereby	accept the appo	intment as reg	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ida Statutes.	-				
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fiori	ida Statutes.	· 		DATE		
agent, I ai SIGNATURE	m familiar with, and accept the obligati	and title if applicable. (NOTE:	ida Statutes.	· 	ed when reinstating)	DATE		
agent, I al SIGNATURE	m familiar with, and accept the obligation of segments	and title if applicable. (NOTE:	Registered Agent	· 		DATE		
agent, I all SIGNATURE	im familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:  D DIRECTORS	Registered Agent	· 	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
Agent. I at SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D BECKER, TERRI	and title if applicable. (NOTE:  D DIRECTORS	Registered Agent 13. 1.1 TITLE	t signature requin	ed when reinstating)	DATE	ND DIRECTO	RS IN 12
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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:

561-795-795