**PROFIT** CORPORATION ANNUAL REPORT 1999

1, Corporation Name



DOCUMENT # P94000037965

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90080 024 \*\*\*150.00

15500 PINES BOULEVARD CORPOR	ATION					
Principal Place of Business	Mailing Address		- I 18834881 IIA 18111 AIQUI AAUU BAUU AAUU AAU	19 (1)(f) (40)4 (6)(4 4)(4) 6)(1) (60)		
401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE TE. 200 STE. 200 ORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 05/19/1994			
2. Principal Place of Business	2a, Mailing Address	-	4. FEI Number	Applied For		
1	26		65-0492057	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Country		This corporation owes the current year In     Personal Property Tax.	ntangible <b>X</b> Yes □No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered	d Agent		
MARK GRANT C/O RUDEN BARNETT		81 Name				
200 E BROWARD BOULEVARD			et Address (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33302		83				
		84 City	FI			
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation</li> </ol>	of Florida. Such change was authorize	d by the corporation	ration submits this statement for the purpose on is board of directors. I hereby accept the appoint	of changing its registered pintment as registered		

ayent. rai	ii lairilliai willi, and accept the obligations t	31, Decilor 007.0000, 1 10110	a Glatatos.			
SIGNATURE	Signature, typed or printed name of registered agent and tit	le if emplicable (NOTE: R	egistered Agent signature require	ad when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	ezratti, itzhak		1.2 NAME			
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		1.3 STREET ADDRESS			
CITY-ST-ZI₽	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP			
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	FANT, ALAN		2.2 NAME			
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		2.4 CITY-ST-ZIP	<u> </u>		
TITLE	VT	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	COSTELLO, RICHARD A.		3.2 NAME		•	
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071	-	3.4. CITY-ST-ZIP			
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	EZRATTI, MOSHE		4. 2 NAME			
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33071		4.4 CITY-ST-ZIP			
TITLE	ν .	☐ DELETÉ	5.1 TITLE		☐ Change	Addition
NAME	NORWALK, RICHARD M.		5.2 NAME			
STREET ADDRESS	1401 UNIVERSITY DRIVE #200		5.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		5.4 CITY-ST-ZIP			
TILE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 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.

SIGNATURE:

954-753-1730