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 # 994 0000 38 325 /

1. Corporation Name

May 10, 1999 8:00 am Secretary of State

05-10-1999 90271 037 ***150.00

-010	LE BUSINESS	COMMUNICATI	~3) L^	IC.		_ · · ·		
Principal Place of Business Mailing Address								
1-0.	und and in							
CORAL Springs, FL. 33071								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 5-20-94		
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number	Ap	plied For
21		26				65-0496224	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	Additional
22		27				or common of chicas Boshou	Fee Re	quired
City & Stat	te	City & S	State			6. Election Campaign Financing	\$5.00	May Be
3		28				Trust Fund Contribution	Added t	o Fees
_Zip □	Country	Zip -		Country		8. This corporation owes the current year i	- /	-
4	25	29		30		Personal Property Tax.	∡Yes	ZNo_
	9. Name and Address of	Current Registered Ag	ent			10. Name and Address of New Registere	d Ager <u>it</u>	
-1.				81	Name			
JAMI	ES T. IANNAC SE 9th STA ANDERDALE, F	ONE, P.A.		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
3/5	SE 7th STA	EET						
FT. L	ANDERDALE F	3334/		83				
	1-0100,	5507		84	City		85 Zip (Code
					,	F		
agent. I a SIGNATURE	m familiar with, and accept the	-				ed when reinstating) DATE		
12.	OFFICE	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS /	ND DIRECTO	RS IN 12
TITLE	P		☐ DELETE	11 TITLE			☐ Change	☐ Addition
IAME	LLOYD HORlicIL			1.2 NAME				
TREET ADDRESS	473 NW 94TK WA	4		1.3 STREET	ADDRESS			
ITY-ST-ZIP	COANL SPAINGS, F			1.4 CITY-S	r-ZIP			
TITLE			DELETE	2.1 TITLE			☐ Change	Addition
NAME				22 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2.4 CITY-S				
ITLE			DELETE	3.1 TITLE			☐ Change	☐ Additio
IAME				3.2 NAME				
TREET ADDRESS			_	3.3 STREET	ADORESS			 -
MY-ST-ZIP				3.4. CITY-S	- 1			
ITLE			DELETE	4.1 TITLE			☐ Change	Addition
IAME				4. 2 NAME	-			
TREET ADDRESS				4.3 STREET	ADDRESS			
iTY-ST-ZIP				4.4 CITY-ST				
ITLE			DELETE	51 TITLE	_		☐ Change	Addition
IAME				5.2 NAME	Ì		_ •	_
TREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				54 CITY-ST	- ZIP			
ITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
IAME				6.2 NAME				_
TREET ADDRESS				6.3 STREET	ADDRESS			
ITY-ST-ZIP				6.4 CITY-ST				
	25 11 4 11 15 11	liad with this filles door				Section 119.07(3)(i), Florida Statutes. I further ce	415 14 A 41 1-	

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:

CR2E034 (11/98)