**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039969					02-17-1999 90082 023 ******150.00			
i. Corporation	on Name							
TIME, IN	NC.				4			
Principal Place of Business Mailing Address						I THE BUILDING		
		•						
125 WORTH AVENUE C/O FARBER   SUITE 202 498 BERGEN BLVD								
PALM BEACH FL 33480 RIDGEFIELD NJ 07657					DO NOT WRITE IN THIS SPACE			
		US			3. Date Incorporated or Qualifed			
			··		05/23/1994			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For	
21					65-0498991		ot Applicable	
<b>⊢</b> '	<del> </del>				5. Certificate of Status Desired		Additional	
City & Sta	2   27   City & State   City & State						equired	
23	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip				,	This corporation owes the current year Intangible			
24	Country Zip Cou				Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren		-		10. Name and Address of New Registered			
			81	Name				
RAMPELL, PAUL				Stroot Adv	dress (P.O. Box Number is Not Acceptable)			
125 WORTH AVENUE				Sireet Aut	uress (P.O. Box Number is Not Acceptable)			
SUITE 202			83				4.11	
PALM BEACH FL 33480			84	City		10010	0.4	
				City	FL	.	Code	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statute	s, the above	e-named cor	poration submits this statement for the purpose of	changing its	registered	
agent. I a	registered agent, or both, in the State of Irm familiar with, and accept the obligat	of Florida, Such change was au ions of, Section 607.0505, Flor	uthorized by rida Statutes	the corporat	tion's board of directors. I hereby accept the appoi	ntment as re	gistered	
SIGNATURE								
	Signature, typed or printed name of registered agen	T to the total and the total a		t signature requi	red when reinstating) DATE			
TITLE	OFFICERS AN	D DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN			
NAME	MIMUN, LAUREN	C DETELE	1.1 TITLE			Change	Addition .	
	PO BOX 247 N/A		1.2 NAME		. •	; : •		
STREET ADDRESS	DALLA DEACH EL		1.3 STREET		<i>i</i> .			
CITY-ST-ZIP TITLE			1.4 CITY-S' 2.1 TITLE	r-ZIP		☐ Change		
NAME		□ DELETE				☐ Change	· Addition	
STREET ADDRESS			2.2 NAME					
			2.3 STREET		e N		1.77.	
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP	4	☐ Change	☐ Addition	
NAME			3.2 NAME			☐ Ollarige	Cut variation	
STREET ADDRESS			3.3 STREET	Annesee				
CITY-ST-ZIP			3.4. CITY-S			- 1	1 17	
TITLE		☐ DELETE	4.1 TITLE	)- <u>ZII</u>		Change	Addition	
NAME		•	4. 2 NAME	-				
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	*		4.4 CITY-ST					
TITLE		☐ DELETE	5.1 TITLE	<del>-</del> "		Change	☐ Addition	
NAME			5.2 NAME	ļ		_ •	_	
STREET ADDRESS			5.3 STREET	ADDRESS			}	
CITY-ST-ZIP	·		5.4 CITY-ST	-ZIP			_ ,	
TITLE		☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP