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## 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 # **P94000045309**

1. Corporatio 4701 BR	OADWAY PROPERTIES, IN	C.			
Principal Plac	e of Business	Mailing Address		I 100 1100 t tet 10 tt sant antit optit som som	IP B1881 BII BU IIIII BBIIN IBII IBII
9941 SW 4TH STREET 9941 SW 4TH STREET			•		
PLANTATION FL 33324 PLANTATION FL 33324			DO NOT WIDITE IN THE	C CDACE	
US		US		DO NOT WRITE IN THE	5 SPACE
				3. Date Incorporated or Qualifed 06/13/1994	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0499207	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		8Election Campaign Financing	\$5:00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29 31	<u> </u>	Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
CELL	ia, adelita l		81 Name	elia Adelita L.	
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	NOFAL'S MGMT INC		Clo	MGMT Corp.	
	) (R) N FEDERAL HWY		83 1130	5 University DI	STE #000
FUH	IT LAUDERDALE FL 33308		84 City Y	3. 0111V(151 Fg   51	85 Zip Code
			Mai	ntation F	L  33324
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accepathe obliga	02 and 607.1508, Florida Statutes, of Florida. Such change was auth ations of, Segtion 607.0505, Florid	the above-named corporations; the corporation of th	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE	Red a Vita	TI Allis (1	Hale LA Co	(iA) Hax	29,1999
	Signature, typed or printed prame of registered age		gistered Agent signature require		<u> </u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition  Change Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE		Grange Gradues: 4
NAME	KAHOOK, NOFAL		1.2 NAME		93
STREET ADDRESS			1.3 STREET ADDRESS		75
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		Change Addition
TITLE	VP .	☐ DELETE	2.1 TITLE		
NAME	KAHOOK, MUNTAHA		2.2 NAME	•	
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	- Decem	2.4 CITY-ST-ZIP		Change Addition
TITLE		→ DELETE ·—	3.1 TITLE	سند يدون ۾ اور انداز سنڌ سنڌ	
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		Ì
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ pereie	4.1 TITLE		
NAME,			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		{
CITY-ST-ZIP	1	□ DELETE	4 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			51 TITLE 52 NAME		
NAME			l i		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		□ ournide □ transou
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	1		U.U UTINELLI ADDREGO		

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR DINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99 (454)472-3455 Davime Phone #