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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DO46

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90045 046 ***150.00

1. Corporatio	E AGENCY INC.	JU4836U					
Principal Place of Business Mailing Address					E INDRINON ISON WEST AND ESTABLIS DATE OF SET OF SE	il Didd) ididd filfd 	BRIDE WARD LAND
5601 N.W. 23RD AVE BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
2 Principal P	Place of Business	2a. Mailing Address			06/28/1994 4. FEI Number		plied For
21	lace of business	26. Walling Address			65-0503393		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	
22					5, Certificate of Status Desired	Fee Re	
, , , , , , , , , , , , , , , , , , , 	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country 25	Zip 29	Country 30	,	8. This corporation owes the current year Intangible Personal Property Tax. No		
	9. Name and Address of Curren		81		10. Name and Address of New Registered	1 Agent	
				Name			
LESNICK, IRVING I			82	Street Add	ress (P.O. Box Number is Not Acceptable)	•	
7251 W. PALMETTO PARK RD. BOCA RATON FL 33433							
BUC	A RATON PL 33433		83				
			84	City	F	L 85 Zip C	Code
agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	rida Statutes Registered Ager	•	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the		
12.	OFFICERS AND DIRECTORS DELETE		13.	- 1	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO Change	RS IN 12 Addition
TITLE	P CHARLES I	☐ DETE LE	1.1 TITLE			change	L Addition (
NAME STREET ADDRESS	KRASNE, CHARLES J 5601 NW 23RD AVENUE		1.2 NAME 1.3 STREET	ADDRESS			}
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S				,
TITLE	BOOK NATON I L	☐ DELETE	2.1 TITLE	1-21		☐ Change	Addition
NAME :		-	2.2 NAME		•		-
STREET ADDRESS			2.3 STREET	ADDRESS			}
CITY-ST-ZIP	ZIP		2. 4 CITY-ST-ZIP		i		
TITLE	☐ DELETE		3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE 4.1		ĺ		☐ Change	☐ Addition }
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET				ļ
CITY-ST-ZiP			4.4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME			5.1 TITLE 5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			}
CITY-ST-ZIP			5.4 CITY-ST				İ
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			-	
STREET ADDRESS			6.3 STREET	ADDRESS			1
CEX 61 310			64 CITY-ST	r. 710			

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 supplementar 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 trusted expowered 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 attackment with an address, with all other like empowered.

SIGNATURE: