**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000053313**

STASAN, INC.

## Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90200 047 \*\*\*150.00



| Principal Place of Business Mailing Address                            |  |                      |                      |                |        |   | i samisani ila läili aibii daiii a   |                 | 1100 HILDS (110)         |                    |
|--|--|----------------------|----------------------|----------------|--------|---|--|-----------------|--------------------------|--------------------|
| 3020 N. ATLANTIC BLVD. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 |  |                      |                      |                |        |   |  | 20105           |                          |                    |
|  |  |                      |                      |                |        | DO NOT WRITE IN THIS SPACE  |  |                 |                          |                    |
|  |  |                      |                      |                |        |   | 3. Date Incorporated or Qualifed   |                 |                          | }                  |
|  |  |                      |                      |                | _      |   | 07/15/1994   |                 |                          |                    |
| Principal Place of Business     2a. Mailing Address                    |  |                      |                      |                |        |   | 4. FEI Number  |                 | _ <del>    -   -  </del> | oplied For         |
| 21 26 27   |  |                      |                      |                |        |   | 65-0572145   |                 |                          | ot Applicable      |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                             |  |                      |                      |                |        | 5. Certifcate of Status Desired   |  |                 | Additional equired       |                    |
| City & State City & State  |  |                      |                      |                |        | <ol> <li>Election Campaign Financing<br/>Trust Fund Contribution</li> </ol> | П <u>г</u>   | \$5.00<br>Added | May Be<br>to Fees        |                    |
| Zip  | Country Zip 30   |                      |                      |                | ,      |   | 8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes □ No |                 |                          |                    |
| 24   | 9 Name and Address of Curre  |                      |                      | <u> </u>       |        |   | 10. Name and Address of New  | Registered A    | gent                     |                    |
|  | g. Name and Address of Guite   | in regioter          | co Agon              | 81             | Τ'n    | Vame  |  |                 |                          |                    |
| BLUMBERG, ESTELLE K.   |  |                      |                      |                | 5      | Street Addres   | ss (P.O. Box Number is Not Accep   | able)           |                          |                    |
| 3020 N. ATLANTIC BLVD.<br>FT. LAUDERDALE FL 33308                      |  |                      | 83                   | H              |        |   |  |                 |                          |                    |
|  |  |                      |                      | 84             | Ι,     | City  | · · · · · · · · · · · · · · · · · · ·  |                 | 85 Zip                   | Code               |
|  |  |                      |                      |                |        | •   | · · · · · · · · · · · · · · · · · · ·  | <u> </u>        |                          |                    |
| office or r  | to the provisions of Sections 607.05<br>egistered agent, or both, in the State<br>m familiar with, and accept the obliga | of Florida           | Such change was auti | nonzea ov      | INE    | amed corpor<br>e corporation  | ation submits this statement for the<br>'s board of directors. I hereby acce             | pruie appoii    | itment as re             | egistered          |
| SIGNATORE  | Signature, typed or printed name of registered age   | ant and title if app | plicable. (NOTE: R   | egistered Ager | nt siç | gnature required v  |  | DATE            |                          |                    |
| 12.  | OFFICERS AI  | ND DIRECT            |                      | 13.            |        |   | ADDITIONS/CHANGES TO O   | FICERS AN       | D DIRECTO                | ORS IN 12 Addition |
| TITLE  | D  |                      | ☐ DELETE             | 1,1 TITLE      |        |   |  |                 | □ ¢:iai ige              | ·                  |
| NAME   | BLUMBERG, ESTELLE K  |                      |                      | 1.2 NAME       |        |   |  |                 |                          | [                  |
| STREET ADDRESS   | 3020 N. ATLANTIC BLVD.   |                      |                      | 1.3 STREE      | TAD    | DRESS   |  |                 |                          | İ                  |
| CITY-ST-ZIP  | FT. LAUDERDALE FL 33308  |                      |                      | 1.4 CITY-S     | T- ZI  | IP .  |  |                 | Change                   | Addition           |
| TITLE  |  |                      | ☐ DELETE             | 2.1 TITLE      |        |   |  |                 | ☐ Change                 |                    |
| NAME   |  |                      |                      | 2.2 NAME       |        |   |  |                 |                          |                    |
| STREET ADDRESS   |  |                      |                      | 2.3 STREET     | TAD    | DORESS  |  |                 |                          |                    |
| CITY-ST-ZIP  |  |                      |                      | 2.4 CITY-5     | ST∙Z   | ZIP   |  |                 | Charge                   | Addition           |
| TITLE  |  |                      | ☐ DELETE             | 3.1 TITLE      |        | 1   |  | •               | Change                   | Addition           |
| NAME   |  |                      |                      | 3.2 NAME       |        |   |  |                 |                          | -                  |
| STREET ADDRESS   |  |                      |                      | 3 3 STREE      | TAD    | DORESS  |  |                 |                          | 1                  |
| CITY-ST-ZIP  |  |                      |                      | 3.4. CITY-5    | ST-Z   | ZIP   |  |                 | Change                   | Addition           |
| TITLE  |  |                      | ☐ DELETE             | 4.1 TITLE      |        |   |  |                 | ☐ Change                 | ☐ Addition         |
| NAME   |  |                      |                      | 4. 2 NAME      |        |   |  |                 |                          |                    |
| STREET ADDRESS   |  |                      |                      | 4.3 STREE      | TAD    | ORESS   |  |                 |                          |                    |
| CITY-ST-ZIP  |  |                      |                      | 4.4 CITY-S     | ST-Z   | IP  |  |                 | Chanca                   | Addition           |
| TITLE  |  |                      | ☐ DELETE             | 5.1 TITLE      |        |   |  |                 | ☐ Change                 |                    |
| NAME   |  |                      |                      | 5.2 NAME       |        |   |  |                 |                          | Ì                  |
| STREET ADDRESS   |  |                      |                      | 5.3 STREE      |        | l l   |  |                 |                          |                    |
| CITY-ST-ZIP  |  |                      |                      | 5.4 CITY-S     | ST-Z   | IP  |  |                 |                          | ☐ Addition         |
| TITLE  |  |                      | ☐ DELETE             | 6.1 TITLE      |        |   |  | •               | Change                   | ☐ Accinon          |
| NAME   |  |                      |                      | 6.2 NAME       |        |   |  |                 |                          | ì                  |
| STREET ADDRESS   |  |                      |                      | 6.3 STREE      | TAD    | DDRESS  |  |                 |                          | ţ                  |

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

Estelle & Bernocce 3/8/19