Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90115 006 ***150.00

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 # P94000063683

1. Corporation Name

Principal Place 118 KENSINGTO HOLLYWOOD FL	ON RD.	Mailing Address 118 KENSINGTON RD. HOLLYWOOD FL 33021		·		DO NOT WRITE IN TH		
						3. Date Incorporated or Qualifed	3 SFACE	
						08/22/1994		,
Principal Place of Business 2a. Mailing Address						4. FEI Number	<u> - </u>	pplied For
21 26						65-0518205		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional equired
City & State	9	City & State		6.* Election Campaign Financing Trust Fund Contribution	-\$5.00 May Be Added to Fees			
Zip	Zip Country Zip			ntry		8. This corporation owes the current year		
24	25	⊢ ` −	30	•		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Current					10. Name and Address of New Registere	d Agent	
				81	Name			
YALON, VARDA				82	2 Street Address (P.O. Box Number is Not Acceptable)			
1940 HOLLYWOOD BLVD.								
HULI	LYWOOD FL 33021			83				
		t		84	City		85 Zip	Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was autitions of, Section 607.0505, Florid	inorizeo da Statu	ites.	tne corporau	oration submits this statement for the purpose on's board of directors. I hereby accept the application of the properties of the propertie	ointment as r	egistered
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	C DELETE	1.1 ारा	le.			Change	Addition
NAME .	YALON, VANDA							
STREET ADDRESS	1940 HOLLYWOOD BLVD.		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP		T-ZIP		☐ Change	Addition
TITLE	D			2.1 TITLE			□ Change	C) Addition
NAME	YALON, MOSHE			2.2 NAME				
STREET ADDRESS	118 KENSINGTON RD			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	HOLLYWOOD FL 33021			2.4 CITY-ST-ZIP			☐ Change	Addition
NAME		<u> </u>	3.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4, CI					
TITLE				4.1 TITLE			Change	☐ Addition
NAME			4.2 N	AME				
STREET ADDRESS			4.3 ST	REET	T ADDRESS	•		
CITY-ST-ZiP			4.4 CI	TY-S1	T-ZIP			
TITLE		☐ DELETE	5.1 TI			_	☐ Change	Addition
I NAME			5.2 NA	ME	1			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition