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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90036 021 ***150.00

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Principal Place	e of Business	Mailing Address			T INDIIONI ILD IBIII USUL DUSII ONI	ik Bûrît dêşta dilişi tabir asa,	ii diddi ibii ibdi
'		2920 NW 2ND AVE #11		ĺ			
2920 NW 2ND AVE., #11 2920 NW 2ND AVE., #11 BOCA RATON FL 33431 BOCA RATON FL 33431							
				<u> </u>		E IN THIS SPACE	
					Incorporated or Qualifed		
L					14/1994		
2. Principal Pl	lace of Business	2a. Mailing Address			Number 0504000		Applied For
21		26			0521282		lot Applicable Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Cert	ifcate of Status Desired	•	Required
22		27 City & State			t - Ot Financian		
City & State	e	<u>├</u> ─¬		1	tion Campaign Financing t Fund Contribution	1 1	May Be to Fees
23 Zip	Country		Country		corporation owes the curre		, 10 1 000
⊢ —, `	25	├ ` <i>-</i>	30	1	onal Property Tax.	Yes	□No
24	9. Name and Address of Current				e and Address of New R	egistered Agent	
	3. Hamo and Madrees of Collect	<u> </u>	81 Name	-		<u> </u>	
BERI	MAN, RICHARD		-				
2013	36 PALM ISLAND DRIVE		821 0		and a second second	***** - * * ·	
ВОС	A RATON FL 33498		83			·	
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					mits this statement for the p		
agent. I a	egistered agent, or bottl, in the state of mailiar with, and accept the obligate Signature, typed or printed name of registered agent	tions of, Section 607.0505, Flori	thorized by the corporate that the corporate is a statutes. Registered Agent signature in	equired when reinstati	or directors. I hereby accept	DATE	<u>-</u>
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14. 1 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.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/98

561)367-0660