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

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90124 010 ***150.00

4050 N.W. 121ST AVENUE CORAL SPRINGS FL 33065 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Zip 2. Country 2. Country 2. Zip 2. Country 2. Zip 2. Country	Principal Place	of Business	Mailing Addres	s		
26 26			7000 1417.1 141.0			
Suite, Apt. #, etc. 22 City & State City & State 28 Suite, Apt. #, etc. City & State	-	ce of Business	 -	fress		
City & State City & State 23 28	Suite, Apt. #	, etc.	Suite, Apt. i	#, etc.		
				e		
		Country		Co	untry	
24 25 29 30	— '	25	29	30		
	RAY.	ROGER F				Name
RAY, ROGER E	699 N	.W. 100TH WAY				Street A
RAY, ROGER E 699 N.W. 100TH WAY		I CODINGS EL 22071			0.0	

|--|--|--|--|--|--|

DO NOT WRITE IN THIS SPACE

3.	Date Incorporated or Qualifed	
	09/30/1994	
4.	FEI Number	Applied F
	65-0523810	Not Appli

\$8.75 Additional

	5. Certificate of Status Desired		Fee	Required	
	6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Ma Added to 1			,
	This corporation owes the curr Personal Property Tax.	ent year l	ntangible Yes	□No	
	10. Name and Address of New F	Registere	d Agent		
lame			- "		

<u> </u>	 Name and Address of New Registered A 	gent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			· .
84	City	85	Zip Code
-		. 	

3. Date Incorpo

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Do	gistered Agent signature re	oguized when reinstating)	DATÉ	
	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF		2S IN 12
12.	V	DELETE	1.1 TITLE	ADDITIONS CHANGES TO OFF	Change	Addition
TITLE		- Deterie	l i			
NAME	BENCKENSTEIN, JOHN R		1.2 NAME			
STREET ADDRESS	4050 N.W. 121ST AVENUE		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP			
TITLE	V	□ DELETE	2.1 TITLE		Change	Addition
NAME	RAY, ROGER E		2.2 NAME			
STREET ADDRESS	4050 N.W. 121ST AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP			
TITLE	V	DELETE	3.1 TITLE	1	Change	Addition
NAME	OCHS, GARY W		3.2 NAME			
STREET ADDRESS	4050 N.W. 121ST AVENUE		3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4. CITY-ST-ZIP			
TITLE		□ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		•	i
STREET ADDRESS			6.3 STREET ADDRESS			٠
CITY-ST-ZIP		-	6.4 CITY-ST-ZIP			!

14. I hereby certify that the information supplied with this filling 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:

2/11/99 954-344-9822 Data Davine Proce #