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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **P94000085235**1. Corporation Name

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address				IBINE BRIGE IREAL BINEA 11900.	(III BIN BIN IBBI
•		7200 W CAMINO REAL					•
#300 #300							
BOCA RATON FL 33434 BOCA RATON FL 33434				DO NOT WRITE IN THIS SPACE		<del></del>	
					3. Date Incorporated or Qualifed 11/22/1994		
Principal Place of Business     2a. Mailing Address				4. FEI Number		plied For	
21		26			65-0535647		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>_</b> \$8.75 ∧	
22		27				Fee Re	
City & Stat	te	City & State		,	6. Election Campaign Financing	<b>⇒</b> \$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current		□No
24	25		30		Personal Property Tax.  10. Name and Address of New Reg		
	9. Name and Address of Curi	rent Registered Agent	81	Name	10. Name and Address of New Key	istalan väeur	·
EEI (	GER, DAVID		•"	Name	<u> </u>	ı	
	1: MANDARIN DR	•	82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
	CA RATON FL 33433		83		The state of the s	3874 \$ 50 . To 10 10 10 10 10 10 10 10 10 10 10 10 10	11212
. 500	A RATON I E 30400		03				特別
•			84	City	The second secon	85 Zip C	Code
office or r	rogistered agent or both in the Sta	ate of Florida. Such change was at	itnorizea dy ti	ne corporauc	oration submits this statement for the pu on's board of directors. I hereby accept t	rpose of changing its he appointment as req	registered gistered
agent. I a	am familiar with, and accept the obl	igations of, Section 607.0505, Flori	ida Statutes.				
SIGNATURE		ALOTE:	Desistand Asset	eigneture cognire	d when reinstating)	DATE	
	Signature, typed or printed name of registered	-9		signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTO	RS IN 12
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:  AND DIRECTORS  DELETE	Registered Agent 13. 1.1 TITLE	signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICE		PRS IN 12
<b>12.</b> TITLE	Signature, typed or printed name of registered of Princers  OFFICERS	AND DIRECTORS	13. 1.1 TITLE	signature require		CERS AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registered: OFFICERS D FELGER, DAVID	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME			CERS AND DIRECTO	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered: OFFICERS  D FELGER, DAVID 7200 W CAMINO REAL, SUI	AND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS		CERS AND DIRECTO	
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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.